

TAP YOUR BRAIN'S HEALING POWER



Ellen Pompeo
Anatomy of
A Hospital
Drama

Reader's Digest

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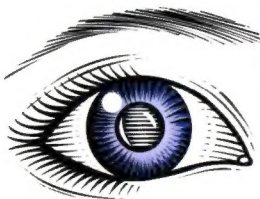
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*Aspirin
can save your heart.*



*Calcium
can save your bones.*



*Lutein and Omega-3
can save your vision.*

Shouldn't you be doing all you can to help preserve your sight?

Recent studies show proper nutrition is vital for eye health and that Lutein is important to help prevent age-related eye diseases — the leading cause of blindness.* Lutein is found in dark green leafy vegetables but most Americans don't get nearly the amount recommended for long-term eye health. Even the number one multivitamin contains neither the Lutein you need nor the Omega-3 that optimizes the body's absorption of Lutein.

That's why Bausch & Lomb developed Ocuville® Adult and Ocuville® Adult 50+ vitamin and mineral supplements. They contain Lutein, Omega-3 and other powerful antioxidants eye doctors believe are essential to eye health. So if you want to be sure your eyes are getting the nutrition they need, start taking Ocuville today.

Look for Ocuville® in the vitamin aisle.
Take it every day. And start today.

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Perfecting Vision. Enhancing Life.®



*Seddon, J.M.; Ajani, U.A.; Sperduto, R.D.; et al. "Dietary Carotenoids, Vitamins A, C, and E, and Advanced Age-Related Macular Degeneration." *JAMA* (1994): 272:1413-1420. Delcourt, Carriere, Delage, Barberger-Gateau, Schalch, and the POLA Study Group. "Plasma Lutein and Zeaxanthin and Other Carotenoids as Modifiable Risk Factors for Age-Related Maculopathy and Cataract: The POLA Study." *Investigative Ophthalmology & Visual Science*, June 2006, Vol. 47, No. 6.

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Look Forward to Healthy Eyes

You rely on your sight to enjoy life's activities—from reading a book to playing cards with friends. As you age, however, be aware of changes in your eyesight and know that the nutritional demands of your eyes increase. That's why Bausch & Lomb created Ocuville Adult, and Ocuville Adult 50+, an eye vitamin and mineral supplement that provides the nutrients that help maintain healthy eyes.

Focus on Eye Health

Ocuville Adult and Ocuville Adult 50+ provide you with the antioxidant lutein as well as Omega-3s, both of which are important to the health of the macula and, in turn, important to vision. Studies suggest that including lutein and Omega-3s in your diet can help maintain eye health and may help prevent the onset or progression of age-related eye conditions.* Plus, the body cannot produce lutein or Omega-3s and the leading multi-vitamins contain only a fraction of these important nutrients.

Don't lose sight of life's pleasures—go play a round of golf, visit museums and travel the world!



Key Features & Benefits

- Advanced eye nutrition
- Contains antioxidant lutein and Omega-3s
- Helps protect and preserve eye health



To review these studies and learn more about nutrition and eye health, visit www.bausch.com/ocuvite.

Bausch & Lomb

Perfecting Vision. Enhancing Life.™

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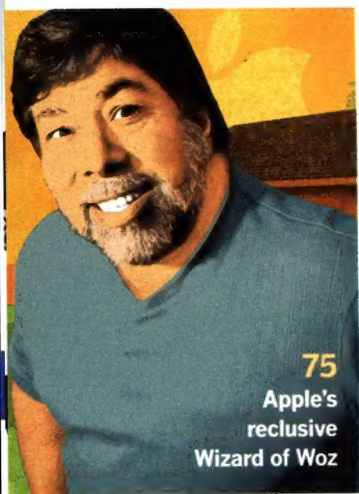
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RDLIVING

time to...

Take a coffee break. Get a free cup of joe at Starbucks from 10 a.m. till noon on March 15.

Spring-clean the chameleon and to assign tasks fairly to the whole family. Print out a schedule or set up automatic e-mail reminders.

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Cholesterol comes Food and



VYTORIN

You probably know that cholesterol comes from food. But what you might not know is that cholesterol has a lot to do with family history. VYTORIN treats both sources of cholesterol.

Only VYTORIN helps block the absorption of cholesterol that comes from food and reduces the cholesterol that your body makes naturally. A healthy diet is important, but when it's not enough, adding VYTORIN can help.

In clinical trials, VYTORIN lowered bad cholesterol more than *Lipitor* alone. VYTORIN contains two cholesterol medicines: *Zetia* (ezetimibe) and *Zocor* (simvastatin) in a single tablet.

Continue to follow a healthy diet, and ask your doctor about adding VYTORIN.



MERCK / Schering-Plough Pharmaceuticals

To find out if you qualify, call 1-800-347-7503.

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from 2 sources: Family



treats both

Important information: VYTORIN is a prescription tablet and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, and anyone with liver problems.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. VYTORIN may interact with other medicines or certain foods, increasing your risk of getting this serious side effect. So, tell your doctor about any other medications you are taking.

Please read the Patient Product Information on the adjacent page.

To learn more, simply call 1-877-VYTORIN
or visit vytorin.com.

VYTORIN[®]
(ezetimibe/simvastatin)

Treat the 2 sources of cholesterol.

VYTORIN® (ezetimibe/simvastatin) Tablets

Patient Information about VYTORIN (VI-tor-in)

Generic name: ezetimibe/simvastatin tablets

Read this information carefully before you start taking VYTORIN. Review this information each time you refill your prescription for VYTORIN as there may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about VYTORIN, ask your doctor. Only your doctor can determine if VYTORIN is right for you.

What is VYTORIN?

VYTORIN is a medicine used to lower levels of total cholesterol, LDL (bad) cholesterol, and fatty substances called triglycerides in the blood. In addition, VYTORIN raises levels of HDL (good) cholesterol. It is used for patients who cannot control their cholesterol levels by diet alone. You should stay on a cholesterol-lowering diet while taking this medicine.

VYTORIN works to reduce your cholesterol in two ways. It reduces the cholesterol absorbed in your digestive tract, as well as the cholesterol your body makes by itself. VYTORIN does not help you lose weight.

Who should not take VYTORIN?

Do not take VYTORIN:

- If you are allergic to ezetimibe or simvastatin, the active ingredients in VYTORIN, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section at the end of this information sheet.
- If you have active liver disease or repeated blood tests indicating possible liver problems.
- If you are pregnant, or think you may be pregnant, or planning to become pregnant or breast-feeding.

VYTORIN is not recommended for use in children under 10 years of age.

What should I tell my doctor before and while taking VYTORIN?

Tell your doctor right away if you experience unexplained muscle pain, tenderness, or

weakness. This is because on rare occasions, muscle problems can be serious, including muscle breakdown resulting in kidney damage.

The risk of muscle breakdown is greater at higher doses of VYTORIN.

The risk of muscle breakdown is greater in patients with kidney problems.

Taking VYTORIN with certain substances can increase the risk of muscle problems. It is particularly important to tell your doctor if you are taking any of the following:

- cyclosporine
- danazol
- antifungal agents (such as itraconazole or ketoconazole)
- fibric acid derivatives (such as gemfibrozil, bezafibrate, or fenofibrate)
- the antibiotics erythromycin, clarithromycin, and telithromycin
- HIV protease inhibitors (such as indinavir, nelfinavir, ritonavir, and saquinavir)
- the antidepressant nefazodone
- amiodarone (a drug used to treat an irregular heartbeat)
- verapamil (a drug used to treat high blood pressure, chest pain associated with heart disease, or other heart conditions)
- large doses (≥ 1 g/day) of niacin or nicotinic acid
- large quantities of grapefruit juice (>1 quart daily)

It is also important to tell your doctor if you are taking coumarin anticoagulants (drugs that prevent blood clots, such as warfarin).

Tell your doctor about any prescription and nonprescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- drink substantial quantities of alcohol or ever had liver problems. VYTORIN may not be right for you.
- are pregnant or plan to become pregnant.

Do not use VYTORIN® (ezetimibe/simvastatin) if you are pregnant, trying to become pregnant or suspect that you are pregnant. If you become pregnant while taking VYTORIN, stop taking it and contact your doctor immediately.

- are breast-feeding. Do not use VYTORIN if you are breast-feeding.

Tell other doctors prescribing a new medication that you are taking VYTORIN.

How should I take VYTORIN?

- Take VYTORIN once a day, in the evening, with or without food.
- Try to take VYTORIN as prescribed. If you miss a dose, do not take an extra dose. Just resume your usual schedule.
- Continue to follow a cholesterol-lowering diet while taking VYTORIN. Ask your doctor if you need diet information.
- Keep taking VYTORIN unless your doctor tells you to stop. If you stop taking VYTORIN, your cholesterol may rise again.

What should I do in case of an overdose?

Contact your doctor immediately.

What are the possible side effects of VYTORIN?

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking VYTORIN and during treatment.

In clinical studies patients reported the following common side effects while taking VYTORIN: headache and muscle pain (see What should I tell my doctor before and while taking VYTORIN?).

The following side effects have been reported in general use with either ezetimibe or simvastatin tablets (tablets that contain the active ingredients of VYTORIN):

- allergic reactions including swelling of the

face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing (which may require treatment right away); rash, hives; joint pain; muscle pain; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on VYTORIN® (ezetimibe/simvastatin). This is not a complete list of side effects. For a complete list, ask your doctor or pharmacist.

General Information about VYTORIN

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use VYTORIN for a condition for which it was not prescribed. Do not give VYTORIN to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about VYTORIN. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about VYTORIN that is written for health professionals. For additional information, visit the following web site: vytorin.com.

Inactive ingredients:

Butylated hydroxyanisole NF, citric acid monohydrate USP, croscarmellose sodium NF, hydroxypropyl methylcellulose USP, lactose monohydrate NF, magnesium stearate NF, microcrystalline cellulose NF, and propyl gallate NF.

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YOUR MEDICAL FUTURE A PREVIEW

Synthetic blood. Cancer vaccines. A pill to stop aging. These are just a few of the year's top medical breakthroughs. Find out more by taking an interactive tour of the human body at rd.com/medicine. Then cast your vote for your favorite breakthrough and see what gets top billing.



TAKE OUR HEALTH TESTS

How does your diet rate? It's National Nutrition Month, so take our quiz to see what you're doing right—and wrong—when it comes to healthy eating. Plus, calculate your body mass index, find out how many calories you really need, all at rd.com/diet.

SMILE! You're in Reader's Digest

Does everyone say you've got the best smile around? Prove it! For our annual Best of America issue, we're looking for the greatest grin in America.

Enter your favorite picture in our photo contest at rd.com/smile. The winning smile will be featured in our special May issue and on rd.com.

No purchase necessary to enter or win. Contest closes March 1, 2007. Open to legal U.S. residents, age 18 or over. Void where prohibited. For rules, entry details and other information, visit rd.com/smile.



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Does travel seem to magnify your pain?

When you're traveling with back pain, even the smallest bag can feel colossal. But with ThermaCare HeatWraps, you can wear soothing heat for 8 hours and feel the relief for a full 16. In fact, you can use it anytime, anywhere.* So from now on, traveling shouldn't be such a huge pain.



*ThermaCare.
Have heat. Will travel.*

A full-page photograph of a man standing on a golf green. He is wearing a dark jacket over a red shirt and light-colored trousers. He is holding a large green rectangular sign with both hands. In the background, there is a red flag on a white pole, a golf cart with another person in the background, and a mountain range under a blue sky with some clouds.

**BREATHING BETTER MAY
LEAD TO THE BACK NINE**

If you or someone you know needs help paying for medicine,
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Partnership for
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People with COPD breathe better with SPIRIVA.

If you have a history of smoking and breathing problems, it could be COPD (chronic obstructive pulmonary disease). COPD includes chronic bronchitis and emphysema.

Ask your doctor about SPIRIVA, because it:

- ▲ Is the only once-daily, inhaled maintenance prescription treatment for COPD
- ▲ Helps you breathe better for a full 24 hours by keeping airways open
- ▲ Is not a steroid

SPIRIVA does not replace fast-acting inhalers for sudden symptoms. Do not swallow the SPIRIVA capsule. The most common side effect of SPIRIVA is dry mouth. Others include constipation and problems passing urine. Tell your doctor about your medicines, including eye drops, and illnesses like glaucoma and urinary or prostate problems. These may worsen with SPIRIVA. If you have vision changes, eye pain, your breathing suddenly worsens, you get hives, or your throat or tongue swells, stop taking SPIRIVA and contact your doctor.

SPIRIVA is one of many treatment options to consider with your doctor. For more information, call 1.877.SPIRIVA or visit spiriva.com

Please see brief summary of full Prescribing Information on the following pages.

Make a habit of breathing better  **SPIRIVA[®] HandiHaler[®]**
(tiotropium bromide inhalation powder)

SPIRIVA® HandiHaler® (tiotropium bromide inhalation powder)

SPIRIVA® HandiHaler®

(tiotropium bromide inhalation powder)

For Oral Inhalation Only

Brief Summary of Prescribing Information

INDICATIONS AND USAGE

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

CONTRAINDICATIONS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is contraindicated in patients with a history of hypersensitivity to atropine or its derivatives, including ipratropium, or to any component of this product.

WARNINGS

SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is intended as a once-daily maintenance treatment for COPD and is not indicated for the initial treatment of acute episodes of bronchospasm, i.e., rescue therapy.

Immediate hypersensitivity reactions, including angioedema, may occur after administration of SPIRIVA. If such a reaction occurs, therapy with SPIRIVA should be stopped at once and alternative treatments should be considered.

Inhaled medicines, including SPIRIVA, may cause paradoxical bronchospasm. If this occurs, treatment with SPIRIVA should be stopped and other treatments considered.

PRECAUTIONS

General

As an anticholinergic drug, SPIRIVA (tiotropium bromide inhalation powder) may potentially worsen symptoms and signs associated with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction and should be used with caution in patients with any of these conditions.

As a predominantly renally excreted drug, patients with moderate to severe renal impairment (creatinine clearance of ≤ 50 mL/min) treated with SPIRIVA should be monitored closely (see **CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations, Renally-impaired Patients**).

Information for Patients

It is important for patients to understand how to correctly administer SPIRIVA capsules using the HandiHaler inhalation device (see **Patient's Instructions for Use**). SPIRIVA capsules should only be administered via the HandiHaler device and the HandiHaler device should not be used for administering other medications.

Capsules should always be stored in sealed blisters and only removed immediately before use. The blister strip should be carefully opened to expose only one capsule at a time. Open the blister foil as far as the **STOP** line to remove only one capsule at a time. The drug should be used immediately after the packaging over an individual capsule is opened, or else its effectiveness may be reduced. Capsules that are inadvertently exposed to air (i.e., not intended for immediate use) should be discarded.

Eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema may be signs of acute narrow-angle glaucoma. Should any of these signs and symptoms develop, consult a physician immediately. Miotic eye drops alone are not considered to be effective treatment.

Care must be taken not to allow the powder to enter into the eyes as this may cause blurring of vision and pupil dilation.

SPIRIVA HandiHaler is a once-daily maintenance bronchodilator and should not be used for immediate relief of breathing problems, i.e., as a rescue medication.

Drug Interactions

SPIRIVA has been used concomitantly with other drugs commonly used in COPD without increases in adverse drug reactions. These include sympathomimetic bronchodilators, methylxanthines, and oral and inhaled steroids. However, the co-administration of SPIRIVA with other anticholinergic-containing drugs (e.g., ipratropium) has not been studied and is therefore not recommended.

Drug/Laboratory Test Interactions

None known

Carcinogenesis, Mutagenesis, Impairment of Fertility

No evidence of tumorigenicity was observed in a 104-week inhalation study in rats at tiotropium doses up to 0.059 mg/kg/day, in an 83-week inhalation study in female mice at doses up to 0.145 mg/kg/day, and in a 101-week inhalation study in male mice at doses up to 0.002 mg/kg/day. These doses correspond to 25, 35 and 0.5 times the Recommended Human Daily Dose (RHDD) on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

Tiotropium bromide demonstrated no evidence of mutagenicity or clastogenicity in the following assays: the bacterial gene mutation assay, the V79 Chinese hamster cell mutagenesis assay, the chromosomal aberration assays in human lymphocytes *in vitro* and mouse micronucleus formation *in vivo*, and the unscheduled DNA synthesis in primary rat hepatocytes *in vitro* assay.

In rats, decreases in the number of corpora lutea and the percentage of implants were noted at inhalation tiotropium doses of 0.078 mg/kg/day or greater (approximately 35 times the RHDD on a mg/m² basis). No such effects were observed at 0.009 mg/kg/day (approximately 4 times the RHDD on a mg/m² basis). The fertility index, however, was not affected at inhalation doses up to 1.689 mg/kg/day (approximately 760 times the RHDD on a mg/m² basis). These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

Pregnancy

Pregnancy Category C

No evidence of structural alterations was observed in rats and rabbits at inhalation tiotropium doses of up to 1.471 and 0.007 mg/kg/day, respectively. These doses correspond to approximately 660 and 6 times the recommended human daily dose (RHDD) on a mg/m² basis. However, in rats, fetal resorption, litter loss, decreases in the number of live pups at birth and the mean pup weights, and a delay in pup sexual maturation were observed at inhalation tiotropium doses of ≥ 0.078 mg/kg (approximately 35 times the RHDD on a mg/m² basis). In rabbits, an increase in post-implantation loss was observed at an inhalation dose of 0.4 mg/kg/day (approximately 360 times the RHDD on a mg/m² basis). Such effects were not observed at inhalation doses of 0.009 and up to 0.088 mg/kg/day in rats and rabbits, respectively. These doses correspond to approximately 4 and 80 times the RHDD on a mg/m² basis, respectively. These dose multiples may be over-estimated due to difficulties in measuring deposited doses in animal inhalation studies.

There are no adequate and well-controlled studies in pregnant women. SPIRIVA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Use in Labor and Delivery

The safety and effectiveness of SPIRIVA has not been studied during labor and delivery.

Nursing Mothers

Clinical data from nursing women exposed to tiotropium are not available. Based on lactating rodent studies, tiotropium is excreted into breast milk. It is not known whether tiotropium is excreted in human milk, but because many drugs are excreted in human milk and given these findings in rats, caution should be exercised if SPIRIVA is administered to a nursing woman.

Pediatric Use

SPIRIVA HandiHaler is approved for use in the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. This disease does not normally occur in children. The safety and effectiveness of SPIRIVA in pediatric patients have not been established.

Geriatric Use

Of the total number of patients who received SPIRIVA in the 1-year clinical trials, 426 were <65 years, 375 were 65-74 years and 105 were ≥ 75 years of age. Within each age subgroup, there were no differences between the proportion of patients with adverse events in the SPIRIVA and the comparator groups for most events. Dry mouth increased with age in the SPIRIVA group (differences from placebo were 9.0%, 17.1%, and 16.2% in the aforementioned age subgroups). A higher frequency of constipation and urinary tract infections with increasing age was observed in the SPIRIVA group in the placebo-controlled studies. The differences from placebo for constipation were 0%, 1.8%, and 7.8% for each of the age groups. The differences from placebo for urinary tract infections were -0.6%, 4.6% and 4.5%. No overall differences in effectiveness were observed among these groups. Based on available data, no adjustment of SPIRIVA dosage in geriatric patients is warranted.

ADVERSE REACTIONS

Of the 2,663 patients in the four 1-year and two 6-month controlled clinical trials, 1,308 were treated with SPIRIVA (tiotropium bromide inhalation powder) at the recommended dose of 18 mcg once a day. Patients with narrow angle glaucoma, or symptomatic prostatic hypertrophy or bladder outlet obstruction were excluded from these trials.

The most commonly reported adverse drug reaction was dry mouth. Dry mouth was usually mild and often resolved during continued treatment. Other reactions reported in individual patients and consistent with possible anticholinergic effects included constipation, increased heart rate, blurred vision, glaucoma, urinary difficulty, and urinary retention.

Four multicenter, 1-year, controlled studies evaluated SPIRIVA in patients with COPD. Table 1 shows all adverse events that occurred with a frequency of $\geq 3\%$ in the SPIRIVA group in the 1-year placebo-controlled trials where the rates in the SPIRIVA group exceeded placebo by $\geq 1\%$. The frequency of corresponding events in the ipratropium-controlled trials is included for comparison.

Table 1: Adverse Experience Incidence (% Patients) in One-Year-COPD Clinical Trials

Body System (Event)	Placebo-Controlled Trials		Ipratropium-Controlled Trials	
	SPIRIVA [n=550]	Placebo [n=371]	SPIRIVA [n=356]	Ipratropium [n=179]
Body as a Whole				
Accidents	13	11	5	8
Chest Pain (non-specific)	7	5	5	2
Edema, Dependent	5	4	3	5
Gastrointestinal System Disorders				
Abdominal Pain	5	3	6	8
Constipation	4	2	1	1
Dry Mouth	16	3	12	6
Dyspepsia	6	5	1	1
Vomiting	4	2	1	2
Musculoskeletal System				
Myalgia	4	3	4	3
Resistance Mechanism Disorders				
Infection	4	3	1	3
Moniliasis	4	2	3	2
Respiratory System (upper)				
Epistaxis	4	2	1	1
Pharyngitis	9	7	7	3
Rhinitis	6	5	3	2
Sinusitis	11	9	3	2
Upper Respiratory Tract Infection	41	37	43	35
Skin and Appendage Disorders				
Rash	4	2	2	2
Urinary System				
Urinary Tract Infection	7	5	4	2

Arthritis, coughing, and influenza-like symptoms occurred at a rate of $\geq 3\%$ in the SPIRIVA treatment group, but were $<1\%$ in excess of the placebo group.

Other events that occurred in the SPIRIVA group at a frequency of 1-3% in the placebo-controlled trials where the rates exceeded that in the placebo group include: *Body as a Whole* allergic reaction (eg pain, Central and Peripheral Nervous System, dysphonia, paresthesia, *Gastrointestinal System Disorders*: gastrointestinal disorder not otherwise specified (NOS), gastroesophageal reflux, stomatitis (including ulcerative stomatitis), *Metabolic and Nutritional Disorders*: hypercholesterolemia, hyperglycemia, *Musculoskeletal System Disorders* skeletal pain, *Cardiac Events* angina pectoris (including aggravated angina pectoris), *Psychiatric Disorder*: depression, *Infections*: herpes zoster, *Respiratory System Disorder (Upper)*: laryngitis, *Vision Disorder*: cataract. In addition, among the adverse events observed in the clinical trials with an incidence of $<1\%$ were atrial fibrillation, supraventricular tachycardia, angioedema, and urinary retention.

In the 1-year trials, the incidence of dry mouth, constipation, and urinary tract infection increased with age (see **PRECAUTIONS, Geriatric Use**).

Two multicenter, 6-month controlled studies evaluated SPIRIVA in patients with COPD. The adverse events and the incidence rates were similar to those seen in the 1-year controlled trials.

The following adverse reactions have been identified during worldwide post-approval use of SPIRIVA: dizziness, epistaxis, hoarseness, palpitations, pruritus, tachycardia, throat irritation, and urticaria.

DOSAGE AND ADMINISTRATION

The recommended dosage of SPIRIVA HandiHaler (tiotropium bromide inhalation powder) is the inhalation of the contents of one SPIRIVA capsule, once-daily, with the HandiHaler inhalation device (see **Patient's Instructions for Use**).

No dosage adjustment is required for geriatric, hepatically-impaired, or renally-impaired patients. However, patients with moderate to severe renal impairment given SPIRIVA should be monitored closely (see **CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations and PRECAUTIONS**).

SPIRIVA capsules are for inhalation only and must not be swallowed.

HOW SUPPLIED

The following packages are available:

carton containing 6 SPIRIVA capsules (1 blister card) and 1 HandiHaler inhalation device (NDC 0597-0075-06)

carton containing 30 SPIRIVA capsules (5 blister cards) and 1 HandiHaler inhalation device (NDC 0597-0075-37)

Rx only



SP277540A

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SV-BS (10/05)

59873/US/3 October 2005



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THE POWERFUL SCENT OF CLEAN.

A Case of Abuse

I WAS APPALLED by the military doctors who didn't correctly diagnose osteogenesis imperfecta, also known as brittle bone disease, in Liliana Velasquez ("A Parent's Worst Nightmare"). In 1956, long before tests were available, my oldest child fractured his leg when he was six months old. Fortunately, the doctor immediately recognized signs of OI.

I was never accused of child abuse, like Liliana's father, even though my son fractured his legs nine more times before he turned five. **HELEN MEULINK, Grand Rapids, Michigan**

How could it be that a child who is taken away from her loving parents for alleged abuse is then abused by the very system that took her away? May the Velasquez family realize the American Dream and forget the nightmare that is commonly called "innocent until proven guilty." **TANIA HAMMER, Far Rockaway, New York**

As an attorney with over 20 years of experience representing parents in actions brought against them by the Department of Social Services, I couldn't agree more with the points raised in this article. If Social



Services workers were to appear on my doorstep, I would immediately order them from the property and refuse to participate or allow my children to participate in any interview or examination in the absence of a direct court order. And I would immediately hire the best attorneys I could find to go on the attack.

LARRY W. JOHNSON, Hickory, North Carolina

Pint-Size Therapy

MY COUSIN and I participated in equine therapy at Victory Gallop, a riding program, in the mid-1990s ("A Pony Tale"). I had ADHD and a sports-related neck injury. My cousin was rehabilitating from a rare type of bone cancer that had claimed her lower left leg. Cofounders Sue Miller and Kim Gustely took me in when I needed it the most.

THE RECOMMENDED NUTS
OF THE SOUTH BEACH DIET.
AH, LIFE IS TRULY BETTER
ON THE BEACH.



Planters NUT-rition South Beach Diet recommended mix offers a blend of lightly salted cashews, almonds, and macadamias. It's recommended for all three phases of the South Beach Diet.



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RD MARCH 2007

I'm a college student now, and I will deploy to Iraq shortly. I owe my personal success to these amazing women. They are inspiring and truly good-hearted human beings.

MARK MCGANN, via Internet

My daughter was very sick with asthma and unable to run and play with the neighborhood kids. One day, her school took a field trip to Victory Gallop. That evening, she couldn't wait to tell me about riding a horse named Jay-Ray. My daughter has been taking lessons there for over a year. She was once very shy and afraid she'd fall off the horse. Now she's a confident little girl who can ride without a lead. L. H., via Internet

Keep More Cash

IN THE SECTION on thinking long-term in "Slash Your Bills," you advised readers to save money by asking their cable company to bundle their cable TV, high-speed Internet and digital phone into one bill. I work for a phone company. We can do the same thing (and include your cell phone), and you may save even more than with your cable company. It pays to shop around.

JEREMY SEDRICK, St. Anthony, Idaho

Signs of Trouble

YOUR ARTICLE on male depression described my husband to a T, except he didn't turn to drugs and alcohol ("The Secret Men

Won't Admit"). He found a female "friend" and had an "emotional" affair. It was devastating, but he ended it and is on his way to recovery.

Women need to know that this type of behavior is a possibility so they can be on the lookout for any signs. They were there. I just wanted to believe it really was only a friendship.

M. J., via Internet

Failed the Test

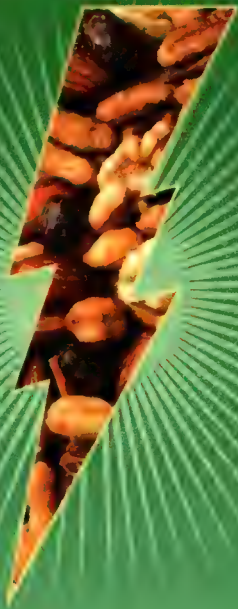
SCHOOL ADMINISTRATORS who "pass the trash," that is, allow sexual predators to move from one school district to another rather than press charges, should be fired. And if an assault has occurred, they should be charged as an accomplice (That's Outrageous! "Protect Our Kids!").

Perhaps educators could try the technique our company used when we wanted to warn potential employers about the poor performance of a terminated employee. We said we would be happy to speak frankly if they would sign a nondisclosure and hold-harmless agreement. None ever signed the forms, but they all got the message.

MARK D. RANDALL, Sandy, Utah

I am a retired police detective who worked in the child abuse and sex crimes division. Sexual predators are among the sneakiest and sleaziest humans in our society. Every school district in America should do a background check

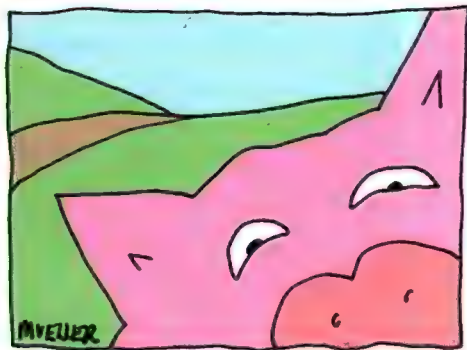
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Grab a handful of the natural energy found in Planters NUT-rition Energy Mix. The sweet and savory combination of almonds, honey roasted sesame sticks, peanuts, dark chocolate covered soynuts, walnuts, and pecans will satisfy your hunger and power you up naturally.



NUTnutrition.com



Old MacDonald had a camera phone.

on all their employees, including administrators, teachers, coaches, janitors and volunteers.

I once prosecuted a school employee who had molested young girls for years. The teachers ignored the students' complaints. It took a courageous girl and her family to bring this creep to justice.

School systems that pass off employees who molest children should be charged with criminal neglect, and heavy fines should be levied against the school district.

ALICE BRANDOM, Parkville, Missouri

Michael Crowley rightly points out that the vast majority of teachers are "honest, hardworking, and truly care for their students," but it's the tiny percent who are sexual predators that puts cold fear into the heart of any parent.

We need to teach our children, without frightening them, to pay attention to the behaviors that signal someone's intent to do them harm

and how to respond effectively. We need to empower them to make choices that will protect them.

DANA GAITAN, Superior, Colorado

The Preacher

BILLY GRAHAM'S ADVICE is simple yet profoundly appropriate for all people ("Lessons From Billy Graham").

If only we could all live by those principles, how much better our lives and our society would be.

E. MEEHAN, Hillsborough, New Jersey



HOW TO REACH US

Letters to the Editor

- letters@rd.com
- You Said It, Reader's Digest, Box 200, Pleasantville, New York 10572-0200

Include your full name, address, e-mail and daytime phone number. We may edit letters, and use them in all print and electronic media.

Submissions

For short humor items, please see page 146. We regret that we cannot accept or acknowledge unsolicited artwork, photographs or article-length manuscripts.

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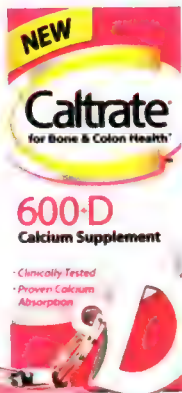
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New Caltrate has more vitamin D to help unlock the power of calcium.

Advanced science has shown that vitamin D is more important than many of us thought. It is, in fact, a key to calcium absorption. New Caltrate has been reformulated with more vitamin D to help your body absorb the calcium in Caltrate. The result: a new Caltrate that works to keep your bones and your body strong.*

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caltrate.com



Are you getting relief for your stabbing, burning, shooting pain?

The LYRICA Relief Guide could help.

Stabbing pain in your feet. Uncomfortable tingling, numbness, burning or shooting sensations. These are often signs of painful neuropathy, also known as nerve pain. Only LYRICA is FDA approved to treat two of the most common types of nerve pain, Diabetic Nerve Pain and Pain after Shingles. LYRICA is specially designed to provide the relief you need. It works on the nerves that cause this pain. So you can start to think about other things besides your pain. LYRICA is one of several treatments for you and your doctor to consider. **Call today to find out if LYRICA can help.**



Get your FREE LYRICA Relief Guide today. You'll learn about your pain and how LYRICA can help. Call 1-866-612-1600, visit www.ReliefWithLyrica.com or return the attached card.

Your FREE LYRICA Relief Guide includes a checklist for assessing your pain and other resources.

LYRICA
PREGABALIN
DESIGNED FOR RELIEF

Prescription LYRICA is not for everyone. Some of the most common side effects of LYRICA are dizziness and sleepiness. Others are dry mouth, swelling of hands and feet, blurry vision, weight gain, and trouble concentrating. You may have a higher chance of swelling or gaining weight if you are also taking certain diabetes medicines. And, if you drink alcohol or take medicines that make you sleepy, you may feel more sleepy when you start LYRICA. You should not drive a car or work with machines until you know how LYRICA affects you. Tell your doctor about any changes in your eyesight, muscle pain along with a fever or tired feeling, or skin sores due to diabetes. Also tell your doctor if you are planning to father a child. If you have had a drug or alcohol problem, you may be more likely to misuse LYRICA. You should talk with your doctor before you stop taking LYRICA or any other prescription medication.

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answers

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IMPORTANT FACTS



(LEER-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may make you feel dizzy or sleepy.

- Do not drive a car, work with machines, or do other dangerous things until you are sure you will be alert. Ask your doctor when it is okay to do these things.

LYRICA may cause problems with your eyesight, including blurry vision. Call your doctor if you have any changes in your eyesight.

ABOUT LYRICA

LYRICA is a prescription medicine used to treat:

- Nerve pain from diabetes
- Nerve pain that continues after the rash from shingles heals

This pain can be sharp or burning. It can feel like tingling, shooting, or numbness. Some people taking LYRICA had less pain by the end of the first week. LYRICA may not work for everyone.

WHO IS LYRICA FOR?

Who can take LYRICA:

- Adults 18 years or older with nerve pain from diabetes or after shingles

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

LYRICA has not been studied for nerve pain in children under 18 years of age.

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions.

Tell your doctor if you:

- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused drugs or alcohol. LYRICA may cause some people to feel "high."
- Are either a man or woman planning to have children or a woman who is breast-feeding, pregnant, or may become pregnant. It is not known if LYRICA may decrease male fertility, cause birth defects, or pass into breast milk.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal products. Tell your doctor if you take:

- Rosiglitazone (Avandia®)* or pioglitazone (Actos®)** for diabetes
- Narcotic pain medicines such as oxycodone, tranquilizers, or medicines for anxiety such as lorazepam
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- Dizziness and sleepiness
- Eyesight problems
- Weight gain and swelling of hands and feet. Weight gain may affect control of diabetes. Weight gain and swelling can be serious for people with heart problems.
- Unexplained muscle pain, soreness, or weakness along with a fever or tired feeling. If you have these symptoms, tell your doctor right away.
- Skin sores. In LYRICA studies, skin sores were seen in animals but not in humans. If you have diabetes, pay extra attention to your skin. Tell your doctor about any skin problems.

The most common side effects of LYRICA are:

- Dizziness
- Sleepiness
- Swelling of hands and feet
- Blurry vision
- Weight gain
- Trouble concentrating
- Dry mouth

You may have a higher chance of swelling or gaining weight if you are taking certain diabetes medicines with LYRICA. Medicines that already make you sleepy or dizzy may make you feel more sleepy or dizzy with LYRICA.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor may tell you to take it 2 or 3 times a day.
- Take LYRICA with or without food.

Don't:

- Do not drive a car or use machines if you feel sleepy while taking LYRICA.
- Do not drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Do not change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Do not start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to www.lyrica.com or call 1-888-9-LYRICA (1-888-959-7422).



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Campbell's

make in minutes

Prep: 10 min. Bake: 35 min.

Tuna Noodle Casserole

2 cans (10 3/4 oz. each) Campbell's® Cream of Mushroom Soup

1 cup milk

2 cups cooked peas

2 cans (about 12 oz. each) tuna, drained

4 cups hot, cooked medium egg noodles

2 tbsp. dry bread crumbs

2 tsp. butter, melted

1. Stir soup, milk, peas, tuna and noodles in 3-qt. casserole.

2. Bake at 400°F. for 30 min. or until hot. Stir.

3. Mix bread crumbs with butter and sprinkle on top. Bake for 5 min. more. Makes 8 servings.

Better For You Possibilities



Whole Grain: Use whole wheat noodles instead of egg noodles.



Substitution Options: Use Campbell's® 98% Fat Free or 25% Less Sodium instead of regular soup.



Yum! Yum! Good!

Casserole
POSSIBILITIES

Campbell'sKitchen.com

ONLY IN America

IDEAS, TRENDS, AND INTERESTING BITS FROM ALL OVER

Our New Need for Speed

WITHIN THE PAST YEAR, several states have raised speed limits along some stretches of highway. In Texas, those who want to can legally drive 80 mph on parts of two interstates. Now, other states—including Louisiana and Kentucky—are considering similar moves.

What's the rush? Yes, there is evidence that adjusting speed limits to reflect the true rate at which motorists travel actually boosts safety. But conflicting data in Iowa and Indiana shows an uptick in interstate fatalities since those states increased limits. At the very least, it appears, legislators across the country may want to tap the brakes on this trend.

Another reason to slow the shift to faster traffic flow: Once you top 55 to 60 mph, fuel efficiency dips sharply. And if you have to keep stopping to fill up, you won't get where you're going quicker anyway.



Falling Hook, Online and Sinker

PRO FISHING is a big-time sport: Total cash prizes on this year's Wal-Mart FLW Tour could hit \$9.5 million. Now you can reel in a prize catch without baiting a hook. Thanks to the growing popularity of fantasy fishing, thousands flock to the FLW Outdoors and ESPN websites during tournament season and, like those who play fantasy baseball and football, pick top performers by analyzing key statistical data. An angler's "catch average" on a certain lake, for instance, can be a telling stat. Prizes for picking a winner—\$5,000 per tournament (FLW); gadgets and fancy fishing gear (ESPN)—make the number-crunching worthwhile. Better still, there's nothing to clean.



Getting Dressed For the Night Shift

So what if we're not getting enough shut-eye these days? At least we're dressing like we'll be ready if the opportunity to snooze arises. When it comes to apparel, so-called loungewear (modified pj's, modest lingerie, track suits and sweats) is hot. Retail research firm NPD Group reports that the sleepwear sector grew 16 percent in the 12 months that ended last September. American Eagle has its "dormwear" collection. Victoria's Secret has scored big with the two-piece pajama sets in its PINK line. Another company, Thread Count, has gone to the extreme, offering Body Linens made from the same fabric as your sheets. Hmmm—that's one concept we'll have to sleep on.



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I've created
a healthier egg."

99% REAL EGGS. 100% GREAT TASTE.

	ORDINARY EGGS	egg beaters
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CHOLESTEROL	210mg	0mg
CALORIES	75	30
PROTEIN	6g	6g

The egg perfected.™



Four Score and 120 Years Ago ...



IT'S TWO YEARS OFF, but the 200th anniversary of Abraham Lincoln's birth (Feb. 12, 2009) is already getting a big build-up. The official Abraham Lincoln Bicentennial Commission has begun approving some events, the U.S. Mint is readying a commemorative one-dollar coin, Indiana plans a "Lincoln's Boyhood Home" license plate, and Honest Abe's birthplace of Hodgenville, Kentucky, is eyeing a life-size sculpture of the 16th President for the town square. What's next—a spike in stovepipe-hat sales?

COURTESY ASSOCIATION OF LINCOLN PRESENTERS

RD INDEX

A quick review of some of the good, bad and ugly to cross our radar recently

YEA

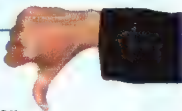
Starbucks and KFC For joining the ranks of chain eateries shedding trans fats from the menu. Even if we're in a rush, our arteries shouldn't have to pay the price.



James Chupaila For helping to ban the hypersexual dance style called freaking from upstate New York's Fayetteville-Manlius High School, where he's the principal. Call us prudes, but it's a good step. A school dance isn't the place for this stuff.

NAY

Fairfax County, Virginia, library officials For using computer software to aggressively weed out books not checked out for two years or more. Budget cuts may make shelf space precious, but this move speaks volumes.



Boston's WRKO-AM For making ex-Massachusetts House Speaker Thomas Finneran its morning talk jock after he pleaded guilty to obstructing justice in a federal voting-rights suit. We hope the station gets lots of static.

**THE MOST IMPORTANT DECISIONS START
WITH THE MOST IMPORTANT PEOPLE.**



There's strong. And then there's Army Strong. You taught them right from wrong. You told them they could do anything. Now they want the discipline, leadership training and college benefits that come from being in the U.S. Army. If your son or daughter wants to talk about joining, listen. You just might be proud of what they have to say. Find out more at goarmy.com/for_parents.

Private Matthew Bryan

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U.S. ARMY

ARMY STRONG.

5 THINGS We Don't Want You to Miss

RD's picks for great ways to spend your free time this month

BOOK



Too Far From Home is Chris Jones's riveting account of how three astronauts (two American, one Russian) aboard the International Space Station coped when the shuttle *Columbia* exploded and left them stranded high above Earth.



On sale 3/6

MOVIE

Bridge to Terabithia is a faithful big-screen adaptation of Katherine Paterson's 1978 Newbery Medal-winning novel about friendship, loss and the power of imagination. The story follows the intense relationship between Jess and Leslie, who start out as schoolyard rivals but build a powerful bond while creating a fantasy-land in the woods.

Opens 2/16



DVD

Watch conservative kid Michael J. Fox baffle his liberal parents on the first season of '80s fave *Family Ties*. On sale 2/20

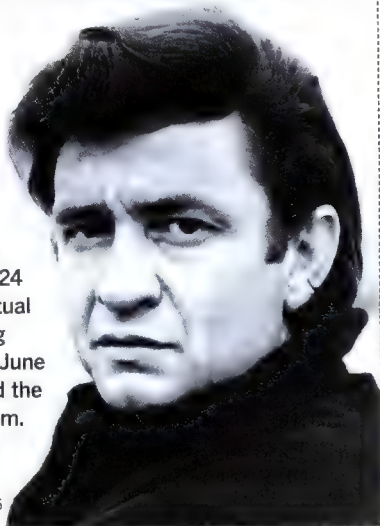
GAME

Think you're the next American Idol? Before going out for a real audition, try *Karaoke Revolution: American Idol* on PlayStation 2. It comes with lifelike insults hurled by a virtual Simon Cowell. konami.com

CD

The hit biopic *Walk the Line* touched only briefly on Johnny Cash's career as a gospel singer. *Cash: Ultimate Gospel* gathers 24 of his best spiritual tracks, including duets with wife June Carter Cash and the Rev. Billy Graham. Call it testifying with a twang.

On sale 3/6



(JOHNNY CASH) BETTMANN/CORBIS

Contributor: LINDSAY MILLER



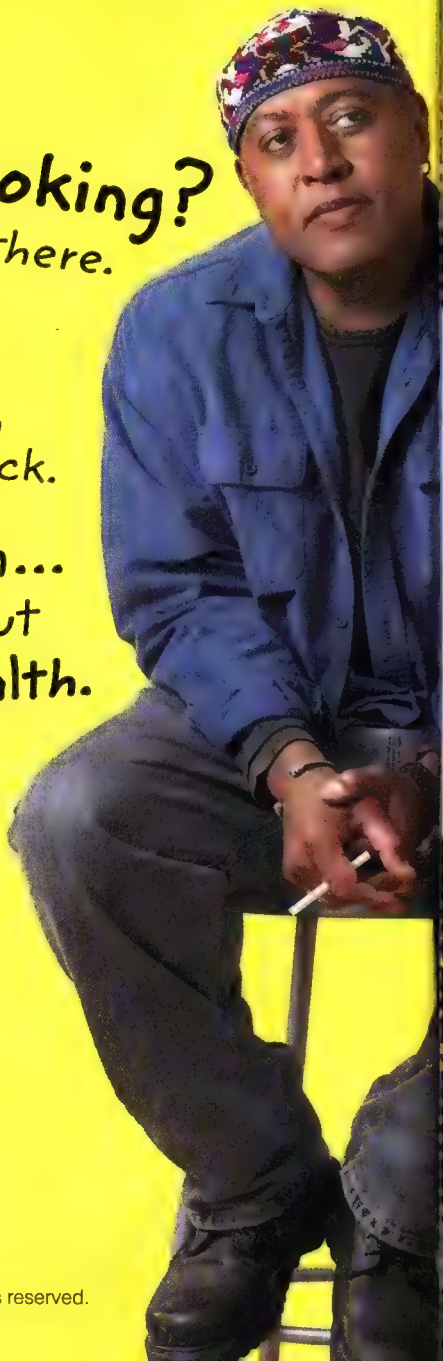
The Mold Killer.™



Quitting smoking?
I've been there.

But even with
willpower,
I always went back.

So here I am...
worrying about
my health.



VC281769E © 2007 Pfizer Inc. All rights reserved.



Let's get real.

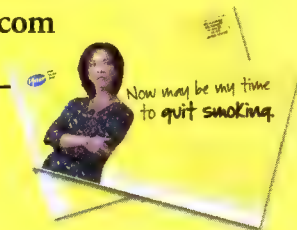
Smoking is more than a habit;
it's a nicotine addiction.

That's why it's so hard for me to quit.

You can't seem to stop smoking. We understand. For most people, smoking is a nicotine addiction. But the good news is, medical advances have been made in understanding it. Find out how medicine and behavioral support both may help you quit smoking. Now may be your time to quit for good.

Find out about a plan to quit smoking
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THE UNEXPECTED BLEACH

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From her home computer, Shannen Rossmiller helps take down terrorists.

EVERYDAY HEROES

Cybersleuth Mom

BY LYNN ROSELLINI



WAS IT coincidence? Fate? Shannen Rossmiller isn't sure. But on the evening of September 11, 2001, after a wrenching day absorbing horrific images of death and destruction from the East Coast, Rossmiller stepped out of the tub in her Montana home, slipped and broke her pelvis.

For the next six weeks, Rossmiller, 31, a mother of three, was under doctor's orders to remain in bed. All day long, for stretches as long as 12 hours, she watched—and wept—as TV cameras showed the crumbling Twin Towers, the crumpled Pentagon, a blackened field in

Pennsylvania. But before long, her tears turned to anger. Who were these terrorists? And why couldn't our government protect us? Rossmiller was sick of feeling helpless. Her rage made her want to learn more. "I got radicalized," she would later recall. And that was the beginning of her new career: tracking down terrorists.

The small ranching and farming community where Rossmiller lives is located in north-central Montana, where the Great Plains roll up against the Rocky Mountains. Though the town has a library and bookstore, the selection on Arab studies was slim. So while Ross-

miller remained in bed, her husband drove to Great Falls, 45 miles away. He brought his wife books on Al Qaeda, Islam and jihad, as well as a biography of the Prophet Muhammad. When she was able to sit up, Rossmiller logged on to alneda.com, then one of Al Qaeda's main Inter-

An idea took form: Why couldn't she infiltrate Al Qaeda by posing online as a member?

net communication vehicles. The text was in Arabic, so she bought some translation software.

By early 2002, Rossmiller was back at her \$27,000-a-year job as a municipal court judge. But at three o'clock most mornings, while her family slept, she crept out of bed and sat at the computer. She scrolled through the words of hatred, the calls for violence, the sickening images of blood and gore. And gradually, an idea took form. Why couldn't she infiltrate Al Qaeda's network by posing as a member? That way, she could learn more about the jihadists and their schemes for vengeance.

A slim, blond ex-cheerleader who was once named Miss Congeniality in a local scholarship pageant, Rossmiller was not an obvious choice for a cybersleuth. But criminal behavior had always fascinated her—as a girl, while others read teen romances, young Shannen devoured articles

about serial killers. With a degree in criminal justice and paralegal studies, she speaks French, Spanish and German, and had signed up for an online course in Arabic.

One night, she dared herself to post a message on a Saudi Arabian Internet forum known for its violent

anti-American content.

Within a few months, Rossmiller had begun to establish contacts among the mujahedin, the brotherhood fighting for jihad. She could entice would-be terrorists into e-mail "conversations," she

realized, by promising money and weapons to support jihad. Maybe her efforts could even foil their plans and lead to their capture.

In August 2002, she convinced a Pakistani arms dealer that she was interested in buying weapons. When he offered to sell her U.S. Stinger missiles, she turned the information over to the FBI.

The following year, posing as an Algerian member of Al Qaeda, she spotted a man writing in English in another Arab forum. "Just curious," he wrote, replying to Rossmiller's e-mail, "would there be any chance a brother who might be on the wrong side at the present could defect?" In a series of 30 e-mail exchanges, Rossmiller established that the man was Spec. Ryan G. Anderson, a National Guardsman stationed at Fort Lewis, Washington. A Muslim convert, Anderson was on his way to Iraq and wanted to sell secrets of

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weapons vulnerabilities and information about troops to Al Qaeda.

Rossmiller turned over her information to the U.S. Department of Homeland Security. She was a central witness at Anderson's court-martial. He was convicted of treason and is serving a life sentence.

By now, she had created a handful of radical Muslim identities with names like Mohammed, Ahmed and Khalid. Rossmiller did her homework carefully. She gave each persona an actual street address in Pakistan or elsewhere, and learned the names of local spiritual leaders and the location of their mosques. She set the date and time on her e-mails to coordinate with "home" for each identity. A pop-up screen cued her not to send messages during the time set aside for prayer.

As a result, she has supplied government agents with hundreds of e-mails and backgrounds on dozens of foreign terrorist suspects. In one case, she believes her information led to the capture of an Al Qaeda cell planning to attack U.S. troops in Iraq with chemical weapons. And although the FBI refuses to

comment publicly on Rossmiller's efforts, national intelligence sources have consistently verified the usefulness of her information in interviews with reporters in recent years.

But success for Rossmiller has come at a price. After her identity was disclosed in the Ryan Anderson court-martial in 2004, anonymous callers phoned her courthouse office with death threats. The FBI directed that she be put under police protection. These days, local police make a point of routinely patrolling her house. "We always keep watch on her; everybody does," says Deputy Carl Suta of the Pondera County Sheriff's Department. As for Rossmiller, she doesn't go anywhere without a .38-caliber pistol tucked into her handbag.

The threats make her nervous, but not enough to stop what she's doing. "With anything that's important, you have to take risks," she says. With worrisome stories on the news every night, Rossmiller is sick of the everyday threat of terrorism. But she feels better for knowing that her efforts might make the world a little safer.

WHO'D HAVE THOUGHT?

A good newspaper headline summarizes the article. But with great headlines, there's no need to read any further.

"Homeless Face Housing Shortage"

Waterville, Maine, Morning Sentinel,
submitted by SHERRY GRUNDER

"Fatal Tour Boat Unsafe"

Albany, New York, Times Union

"Slain Pastor's Wife Says Little in Court"

AP, submitted by KAREN ROBBINS

NIP YOUR

springtime allergies IN THE BUD

Spring is about to, well, spring, and with those beautiful blooming trees and flowers come blowing noses, itchy eyes and sneezing — seasonal allergies.

It's not just pollen that can create an irritation — dust, animal dander and chemicals such as perfumes and dyes are culprits as well. Seasonal allergies can also heighten your sensitivity to these irritants, making for one miserable rite of spring. Not surprisingly, cats can be sensitive, too — about 15 percent are intolerant to substances such as chemicals and dyes.

A few simple strategies can help minimize exposure and help you and your kitty.



FOR YOU

- Consider purchasing products that are free of fragrances, dyes or irritants. They can be a wise choice for your health and the environment.
- Use a HEPA (high-efficiency particle air) purifier in your home to remove airborne particles invisible to the naked eye.
- Keep your doors and windows closed during high-pollen-count season.

FOR KITTY

- Make sure you brush your cat and other pets regularly to keep fur and dander from flying.
- Choose a cat litter, such as new Fresh Step® Free scoopable litter with odor-eliminating carbon, that is free of perfumes and dyes.



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Fresh Step® scoopable cat litter with odor-eliminating carbon is a winner of the 2007 Good Housekeeping Good Buy Awards, which salute the most innovative, problem-solving products of the year.



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REBUILDING
OUR TEST
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BEHOLD THE POWER

You Sow, They Reap

Why are your tax dollars lining the pockets of wealthy farm owners?

WHAT DO KEN LAY, Ted Turner, Sam Donaldson and David Rockefeller all have in common?

Years of pocketing lots of money—your money. Amazing as it sounds, your tax dollars have been going to rich guys like these in the form of *farm subsidies*. That's right, our government is paying big bucks to wealthy individuals who happen to own rural land somewhere, as long as they agree to federal rules about how—and even whether—they cultivate their spread.

From 1995 to 2005, Lay, the now-deceased Enron CEO, got \$23,326 for conservation land in Missouri; business mogul Turner raked in \$590,823

for farms in Nebraska, South Dakota, Montana and Florida; Donaldson supplemented his earnings as a broadcast journalist with \$88,308 for a livestock ranch in New Mexico; and Rockefeller, a financier and philanthropist, got \$553,782 for two farms in New York.

Appalled that your tax money is going to people who hardly need a handout? Well, it's worse than you think. According to a study by *The Washington Post*, since 2000 the government has paid people around the country \$1.3 billion a year not to farm. That equates to 40 million acres annually—"the equivalent of



making every farm in Wisconsin, Michigan, Indiana and Ohio idle," says Brian Riedl, a senior budget analyst at the Heritage Foundation.

And it's only a small part of the subsidy picture: In 2005 alone, 75 percent of the \$20 billion in farm subsidies was paid to farmers for

Your taxes subsidize 136 "farmers" who live in Beverly Hills.

cultivating select crops like corn and soybeans. Among those soaking up the subsidies are well-to-do operators of large industrial farms. Meanwhile, the small, struggling farmer who may actually need assistance is getting squeezed out of business by the big boys lined up at the public trough.

Talk about an abuse of tax money. The good news is that this year, Congress is scheduled to craft a new farm bill—a fresh chance to fix the mess. The bad news is that farm subsidies have a long history and a lot of political muscle behind them.

It all began during the Great Depression, when FDR got Congress to pass laws designed to help cash-strapped farmers. The government introduced price supports for various crops, and in periods when the crop yield outpaced market demand, the feds agreed to buy the excess supply. These and other subsidies continued to grow until, in the 1970s, the government also started

paying farmers to leave some of their land fallow. Today the powerful farm lobby does all it can to hang on to these subsidies, even though most of that assistance goes to large and profitable farm businesses.

To be sure, federal money is helping keep the owners of small family farms afloat. But when over 70 percent of the subsidies go to the top 10 percent of producers, you know politics is at play. According to Riedl, farm subsidies

are "economically incoherent. It's just another way to let Congress bring home the bacon." Among those legislators whose districts are living high off the hog are Rep. Jerry Moran of Kansas, Rep. Earl Pomeroy of North Dakota and Rep. Tom Osborne of Nebraska.

Those locales are no big surprise, since they're home to many agribusinesses. But take a look at the farm subsidy website of the Environmental Working Group, and you'll see some baffling zip codes, like 90210. That's Beverly Hills, which has 136 subsidized farmers listed! For my own urban neighborhood in Washington, D.C., the site identifies 62 farmers getting federal money. And 80 on the Lower East Side of Manhattan.

Let's be generous and assume these folks are genuinely operating farms somewhere. Do they really need to be on the dole?

With pork being served so freely, plenty of people wind up with

money they never even expected. When Debra Hamman and her husband, Rene, bought property outside El Campo, Texas, to build their dream home, they soon discovered an annual check of about \$1,000 came with it. All they had to do was not develop their 20-acre spread.

Debra, a 55-year-old retired schoolteacher, grew up in El Campo, where her grandfather was a rice farmer. She remembers the area being all farmland when she was a child, and that the government "paid people not to farm because there was such an overflow of rice." Decades later, the money keeps coming in, and at least in her family's case, Debra feels "it's not right." You see, the Hammans aren't farmers of any sort; in fact, Rene runs his own oil business. "If they're gonna give it, there's no way not to take it," Debra says. "I guess it paid for my Louisiana trip to the casino."

Others go into deals precisely because of the free cash. According to the *Washington Post* investigation, a real estate broker bought a swath of farmland in rural Texas that was eligible for subsidies as long as it remained undeveloped.

He carved up the acreage and resold it for housing. One man who bought 17 acres has received \$13,174 in the past decade, according to U.S. Department of Agriculture records, just for keeping his backyard free of crops.

All this misuse of tax money is especially obscene at a time when we're straining to pay for Iraq and a slew of domestic needs. If we're going to rein in this spending, we might follow the lead of two U.S. Senators, Charles Grassley of Iowa and Byron Dorgan of North Dakota. In the last session of Congress, they proposed capping annual subsidies at \$250,000 per farmer and closing loopholes that allow individuals to get multiple payments.

Whatever else, Congress needs to make sure subsidies are means-based, going only to those truly in need of financial help. As for all those wealthy farm operators who are lining their pockets, it's time they reaped what they sowed. And not a penny more.

Outraged? Write to Michael Crowley at outrageous@rd.com. He will resume his column next month.



IT'S AS EASY AS PIE

For his speech class in college, my son's homework assignment was titled, "How to Make Your Speech Better." Underneath was the following suggestion: "Avoid clichés—think outside the box."

PETER OBUCHOWSKI

WEIGH the FACTS

Rheumatoid arthritis
may cause joint pain
and damage that make
even simple tasks
seem impossible.

In a clinical study, almost
2 out of 3 people taking
HUMIRA and methotrexate
had no further joint damage.
Even after 12 months.*



Does a morning walk ever feel like too much?
The fact is, HUMIRA may be able to help.
So talk to your rheumatologist.

The clinical study involved patients with early rheumatoid arthritis (RA) who had not previously taken methotrexate. Almost 2 out of 3 people taking HUMIRA and methotrexate had no further joint damage after one year (compared to 37% taking methotrexate alone.) HUMIRA can reduce the pain, inflammation and fatigue of moderate to severe RA that make simple tasks impossible. HUMIRA is usually injected in the convenience of your own home. So don't wait to talk to your rheumatologist.

HUMIRA
adalimumab

Visit HUMIRA.com or call 1.800.205.7029.

Individual results may vary.

*Diagnosed with moderate to severe RA for less than 3 years.

Important Safety Information About HUMIRA® (adalimumab). HUMIRA is approved for reducing the signs and symptoms, inducing major clinical response, slowing the progression of joint damage, and improving physical function in adult patients with moderate to severe rheumatoid arthritis. HUMIRA is approved for reducing the signs and symptoms of active arthritis in patients with psoriatic arthritis. HUMIRA can be used alone or with methotrexate or other DMARDs (disease modifying anti-rheumatic drugs). HUMIRA is also approved for reducing signs and symptoms in patients with active ankylosing spondylitis.

Serious infections, including tuberculosis (TB), have occurred in patients receiving HUMIRA. In some cases, these infections have been fatal. Before starting HUMIRA your doctor should test you for TB. Any medication prescribed for the treatment of TB should start before beginning HUMIRA and should be continued until completion. Tell your doctor or seek medical treatment if you experience any signs or symptoms that may indicate you have developed an infection (a cough that doesn't go away, weight loss, fever, chills, congestion, or flu-like symptoms). If these or any other signs of infection appear after you take HUMIRA, tell your doctor right away. Tell your doctor about any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from HUMIRA. Also tell your doctor if you have been infected and are a carrier of, or suspect that you may be infected with the hepatitis B virus. TNF-blocking agents, including HUMIRA, have been associated with reactivation of hepatitis B. Some cases have been fatal. Tell your doctor if you feel any numbness or tingling or if you've ever had a disease that affects your nervous system such as multiple sclerosis. Also tell your doctor if you have ever been treated for heart failure. Do not start taking HUMIRA if you are allergic to the drug or anything in it. Once you start taking HUMIRA, tell your doctor right away or seek emergency care immediately if you have an allergic reaction (a bad rash, swollen face or trouble breathing). Tell your doctor right away if you have signs of a blood disorder (persistent fever, bruising, bleeding or paleness). There have been rare cases of severe allergic reactions after taking HUMIRA. Lymphoma, rare cases of nervous system disorders, and blood disorders have occurred in patients taking TNF blockers, including HUMIRA. Tell your doctor about all medicines you are taking or considering. The combination of HUMIRA and Kineret (anakinra) is not recommended. Check with your doctor before you receive any vaccines or before you have major surgery. Tell your doctor if you are pregnant, become pregnant or plan to become pregnant. The most common side effects of HUMIRA are injection site reactions (redness, rash, swelling, itching or bruising), upper respiratory and sinus infections, headache, and nausea.

Please see adjacent page for product brief summary.

HUMIRA® (adalimumab)

Patient Information

Read this leaflet carefully before you start taking HUMIRA (hu-mare-ah). You should also read this leaflet each time you get your prescription refilled, in case something has changed. The information in this leaflet does not take the place of talking with your doctor before you start taking this medicine and at check ups. Talk to your doctor if you have any questions about your treatment with HUMIRA.

What is the most important information I should know about HUMIRA?

Serious infections, including tuberculosis, have occurred in patients receiving HUMIRA. Some patients have died as a result of these infections. Before starting HUMIRA your doctor should test you for tuberculosis. If your doctor prescribes any medicine for the treatment of confirmed or suspected tuberculosis infection, you should start taking it before beginning HUMIRA treatment and you need to take the full course prescribed.

Tell your doctor or seek medical treatment if you experience any signs or symptoms that may indicate you have developed an infection such as persistent cough, weight loss, fever, chills, congestion or flu-like symptoms.

Also see "What important information do I need to know about side effects with HUMIRA?" for information regarding other serious side effects.

What is HUMIRA?

HUMIRA is a medicine that is used in people with moderate to severe rheumatoid arthritis (RA), with psoriatic arthritis (PsA), or with a type of arthritis called ankylosing spondylitis (ank-e-low-sing spond-e-lie-tis) (AS). RA is an inflammatory disease of the joints. PsA is an inflammatory disease of the joints and skin. AS is an inflammatory disease of the spine. People may be given other medicines for their disease before they are given HUMIRA.

How Does HUMIRA Work?

HUMIRA is a medicine called a *TNF blocker*, that is a type of protein that blocks the action of a substance your body makes called TNF-alpha. TNF-alpha (tumor necrosis factor alpha) is made by your body's immune system. People with RA, PsA, or AS have too much of it in their bodies. The extra TNF-alpha in your body can attack normal healthy body tissues and cause inflammation especially in the tissues in your bones, cartilage, and joints. HUMIRA helps reduce the signs and symptoms of RA (such as pain and swollen joints), may help prevent further damage to your bones and joints, and may help improve your ability to perform daily activities. In addition, HUMIRA helps reduce the signs and symptoms of PsA (such as pain and swollen joints). HUMIRA helps reduce the signs and symptoms of AS (back pain and morning stiffness).

HUMIRA can block the damage that too much TNF-alpha can cause, and it can also lower your body's ability to fight infections. Taking HUMIRA can make you more prone to getting infections or make any infection you have worse.

Who Should Not Take HUMIRA?

You should not take HUMIRA if you have an allergy to HUMIRA or to any of its ingredients (including sodium phosphate, sodium citrate, citric acid, mannitol, and polysorbate 80). The needle cover on the

prefilled syringe contains dry natural rubber. Tell your doctor if you have any allergies to rubber or latex.

What information should I share with my doctor before I start taking HUMIRA?

Tell your doctor if you have or have had any of the following:

- Any kind of infection including an infection that is in only one place in your body (such as an open cut or sore), or an infection that is in your whole body (such as the flu). Having an infection could put you at risk for serious side effects from HUMIRA. If you are unsure, please ask your doctor.
- If you are a carrier of or suspect that you may be infected with the hepatitis B virus.
- A history of infections that keep coming back or other conditions that might increase your risk of infections.
- If you have ever had tuberculosis (TB), or if you have been in close contact with someone who has had tuberculosis. If you develop any of the symptoms of tuberculosis (a dry cough that doesn't go away, weight loss, fever, night sweats) call your doctor right away. Your doctor will need to examine you for TB and perform a skin test.
- If you experience any numbness or tingling or have ever had a disease that affects your nervous system like multiple sclerosis.
- If you are scheduled to have major surgery.
- If you are scheduled to be vaccinated for anything.

If you are not sure or have any questions about any of this information, ask your doctor.

What Important Information Do I Need to Know About Side Effects with HUMIRA?

Any medicine can have side effects. Like all medicines that affect your immune system, HUMIRA can cause serious side effects. The possible serious side effects include:

Serious Infections

There have been rare cases where patients taking HUMIRA or other TNF-blocking agents have developed serious infections, including tuberculosis (TB) and infections caused by bacteria or fungi. Some patients have died when the bacteria that cause infections have spread throughout their body (sepsis). See "What is the most important information I should know about HUMIRA?" for additional information regarding infections.

Hepatitis B

Treatment with TNF-blocking agents such as HUMIRA may result in a reactivation of the hepatitis B virus in people who carry this virus in a dormant state. In some cases patients have died as a result of hepatitis B virus being reactivated. If you know or suspect you may be a carrier of hepatitis B virus, be sure to tell your doctor about this as this may impact the decision to start treatment with HUMIRA.

Nervous System Diseases

There have been rare cases of disorders that affect the nervous system of people taking HUMIRA or other TNF blockers. Signs that you could be experiencing a problem affecting your nervous system include: numbness or tingling, problems with your vision, weakness in your legs and dizziness.

Malignancies

There have been very rare cases of certain kinds of cancer in patients taking HUMIRA or other TNF blockers. People with more serious RA that have had the disease for a long time may have a higher than average risk of getting a kind of cancer that affects the lymph system, called lymphoma. If you take HUMIRA or other TNF blockers, your risk may increase.

Lupus-like Symptoms

Some patients have developed lupus-like symptoms that got better

after their treatment was stopped. If you have chest pains that do not go away, shortness of breath, joint pain or a rash on your cheeks or arms that is sensitive to the sun, call your doctor right away. Your doctor may decide to stop your treatment.

Blood Problems

In some patients the body may fail to produce enough of the blood cells that help your body fight infections or help you to stop bleeding. If you develop a fever that doesn't go away, bruise or bleed very easily or look very pale, call your doctor right away. Your doctor may decide to stop treatment.

Heart Problems

You should tell your doctor if you have ever been treated for heart failure. If you have, your doctor may choose not to start you on HUMIRA, or may want to monitor you more closely. If you develop new or worsening problems like shortness of breath or swelling of your ankles or feet, you should call your doctor right away.

Allergic Reactions

In rare cases, patients taking HUMIRA have had severe allergic reactions leading to difficulty breathing and low blood pressure, or shock. Allergic reactions can happen after your first dose or may not happen until after you have taken HUMIRA many times. If you develop a severe rash, swollen face or difficulty breathing while taking HUMIRA, call your doctor right away or seek emergency care immediately.

What Are the Other More Common Side Effects with HUMIRA?

Many patients experience a reaction where the injection was given. These reactions are usually mild and include redness, rash, swelling, itching or bruising. Usually, the rash will go away within a few days. If the skin around the area where you injected HUMIRA still hurts or is swollen, try using a towel soaked with cold water on the injection site. If you have pain, redness or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away. Other side effects are upper respiratory infections (sinus infections), headache and nausea.

Can I Take HUMIRA If I Am Pregnant or Breast-feeding?

HUMIRA has not been studied in pregnant women or nursing mothers, so we don't know what the effects are on pregnant women or nursing babies. You should tell your healthcare provider if you are pregnant, become pregnant or are thinking about becoming pregnant. If you take this medication while you are pregnant, or if you become pregnant while taking HUMIRA you are encouraged to participate in a pregnancy registry to gather additional information about the use of HUMIRA during pregnancy by calling 1-877-311-8972.

Can I Take HUMIRA If I Am Taking Other Medicines for My RA, PsA, AS, or Other Conditions?

Yes, you can take other medicines provided your doctor has prescribed them, or has told you it is ok to take them while you are taking HUMIRA. It is important that you tell your doctor about any other medicines you are taking for other conditions (for example, high blood pressure medicine) before you start taking HUMIRA.

You should also tell your doctor about any over-the-counter drugs, herbal medicines and vitamin and mineral supplements you are taking.

You should not take HUMIRA with other TNF blockers. If you have questions, ask your doctor.

How Do I Take HUMIRA?

You take HUMIRA by giving yourself an injection under the skin once every other week, or more frequently (every week) if your doctor tells you to. If you accidentally take more HUMIRA than you were told to take, you should call your doctor. Make sure you have

been shown how to inject HUMIRA before you do it yourself. You can call your doctor or the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472) if you have any questions about giving yourself an injection. Someone you know can also help you with your injection. Remember to take this medicine just as your doctor has told you and do not miss any doses.

What Should I Do If I Miss a Dose of HUMIRA?

If you forget to take HUMIRA when you are supposed to, inject the next dose right away. Then, take your next dose when your next scheduled dose is due. This will put you back on schedule.

Is One Time Better Than Another for Taking HUMIRA?

Always follow your doctor's instructions about when and how often to take HUMIRA. To help you remember when to take HUMIRA, you can mark your calendar ahead of time with the stickers provided in the back of the patient information booklet. For other information and ideas you can enroll in a patient support program by calling the HUMIRA Patient Resource Center at 1-800-4HUMIRA (448-6472).

How Do I Dispose of Syringes and Needles?

You should always check with your healthcare provider for instructions on how to properly dispose of used needles and syringes. You should follow any special state or local laws regarding the proper disposal of needles and syringes. **DO NOT throw the needle or syringe in the household trash or recycle.**

- Place the used needles and syringes in a container made specially for disposing of used syringes and needles (called a "Sharps" container), or a hard plastic container with a screw-on cap or metal container with a plastic lid labeled "Used Syringes". Do not use glass or clear plastic containers.
- Always keep the container out of the reach of children.
- When the container is about two-thirds full, tape the cap or lid down so it does not come off and dispose of it as instructed by your doctor, nurse or pharmacist. **Do not throw the container in the household trash or recycle.**
- Used preps may be placed in the trash, unless otherwise instructed by your doctor, nurse or pharmacist. The dose tray and cover may be recycled.

How Do I Store HUMIRA?

Store at 2°C–8°C/36–46°F (in a refrigerator) in the original container until it is used. Protect from light. **Do not freeze HUMIRA.** Refrigerated HUMIRA remains stable until the expiration date printed on the prefilled syringe or Pen. If you need to take it with you, such as when traveling, store it in a cool carrier with an ice pack and protect it from light.

Care should be taken to avoid dropping or crushing the product as it contains a glass syringe.

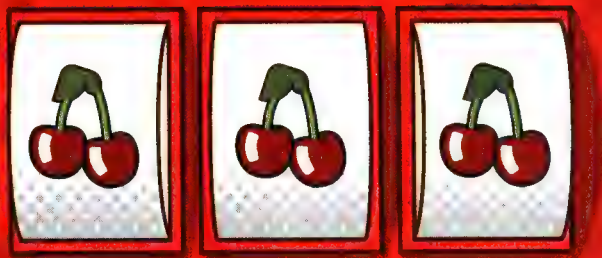
Keep HUMIRA, injection supplies, and all other medicines out of the reach of children.

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06H-64R-Q493-2



**If you want to quit smoking,
today's your day.**



New Commit Cherry.

The tasty new stop smoking lozenge that tackles cravings fast and keeps working after it's gone.
Quitting smoking just got a little tastier.

Hit the Road This year marks the 50th anniversary of Jack Kerouac's Beat Generation classic *On the Road*. Our quiz features a selection of words he used in that love song to America—see how well you can follow along. Answers on the next page.

1. **inhibition** *n.*—
A: placeholder.
B: inspiration.
C: something that restrains.
D: introduction.

2. **forlorn** *adj.*—
A: worn-out.
B: miserable.
C: absent-minded.
D: extremely tolerant.

3. **endeavor** *n.*—
A: earnest attempt.
B: heavy burden.
C: affection.
D: approval.

4. **amenable** *adj.*—
A: withdrawn. B: agreeable.
C: exceptional.
D: hopeless.

5. **perplex** *v.*—A: to suspend. B: change without permission.
C: confuse. D: speak out forcefully.

6. **recrimination** *n.*—
A: advice. B: legal protection. C: collection of money or goods.
D: countercharge.

7. **grimace** *n.*—
A: personal demon. B: old female cat.
C: filthy surface.
D: facial contortion.



8. **eminent** *adj.*—
A: recently retired.
B: greatest. C: deeply emotional. D: likely.

9. **innumerable** *adj.*—
A: essentially harmless.
B: untimely. C: countless. D: unusually curious.

10. **cajole** *v.*—A: to confront. B: persuade.
C: deflect blame.
D: calculate.

11. **fraught** *adj.*—A: rude.
B: brotherly in nature.
C: damaged. D: filled with a specific element.

12. **dichotomy** *n.*—
A: division. B: duplicate. C: odd speaking style. D: total power.

13. **firmament** *n.*—
A: expanse of sky.
B: solid ground.
C: combustible gas.
D: great strength.

14. **taciturn** *adj.*—
A: tasteful. B: offensive.
C: always changing.
D: not talkative.

15. **verdant** *adj.*—
A: truthful. B: lush with vegetation. C: inactive. D: easily angered.

16. **sardonic** *adj.*—
A: optimistic. B: restful.
C: scornfully mocking.
D: stylish.

Birthday Boy

March 12 marks 85 years since Kerouac's birth. Fill in these blanks for the titles of some of his other books. Answers on the next page.

T-- D-a--- B--s
D--t-r -ax
B-- S-r
Lo--s--e T-a--ler
Ma--i- C-ssi--

ANSWERS

1. **inhibition**—[C]

Something that restrains or suppresses. Luckily, her *inhibitions* prevented her from doing anything too foolish.

2. **forlorn**—[B]

Miserable, as in condition or appearance. The nasty weather left her *forlorn* companions wishing they'd picked a different weekend to make their trip.

3. **endeavor**—[A]

Earnest attempt or effort. He soon realized that helping his friend move was a bigger *endeavor* than he'd originally imagined.

4. **amenable**—[B]

Agreeable, willing to act. The assistant quickly let his new co-workers know he was *amenable* to performing any task they assigned to him.

5. **perplex**—[C]

To confuse or make complicated. It was almost as if the latest changes were made simply to *perplex* anyone who took the time to read the new text.

6. **recrimination**—[D]

A countercharge. What was once a solid friendship built on shared trust and interests had turned into a series of mutual *recriminations*.

7. **grimace**—[D]
Contorted facial expression. Her father's *grimace* told her she was in trouble.

8. **eminent**—[B]

Greatest, utmost. Dehydration and starvation were the *eminent* risks facing the lost hiking party.

9. **innumerable**—[C]

Countless, numerous. He had *innumerable* reasons for not going to his high school reunion.

10. **cajole**—[B]

To persuade by flattery or promise. He could *cajole* even his worst enemies into doing his bidding.

11. **fraught**—[D]

Attended or filled with a specified element. Deep down, he knew his ambitious plan to hitchhike across the country and stop in every state was *fraught* with danger.

12. **dichotomy**—[A]

Division into two parts. The pollster was amazed by the clear *dichotomy* between men and women voters in the small town.

13. **firmament**—[A]

The vault or expanse of the sky or heavens. Even after all these years, he was still overwhelmed by the beauty of the stars twinkling in the vast *firmament* of the Montana sky.

14. **taciturn**—[D]

Habitually untalkative. She counted herself lucky

not to be seated near the *taciturn* accountant at the dinner party.

15. **verdant**—[B]

Lush, green with vegetation. Gazing at his *verdant* fields that summer day, the farmer knew a good harvest lay ahead.

16. **sardonic**—[C]

Scornfully or cynically mocking. The *sardonic* tone of his responses to even innocent questions did not win him many new friends.

VOCABULARY RATINGS

8-10 Good 11-13 Excellent

14-16 Exceptional

Traveler: Maggie Cassidy
Sax: Big Sur; Lonesome
The Dharma Burns: Doctor
Birthday Boy Answers:

LUNESTA LULLABY.



SOOTHING REST FOR MIND AND BODY.

Lunesta
eszopiclone
1.5 AND 3 mg TABLETS

Peaceful, gentle sleep. Isn't that what you long for? That's what LUNESTA® is all about: helping most people fall asleep quickly, and stay asleep all through the night. It's not only non-narcotic, it's approved for long-term use. So you can feel comfortable taking it night after night. Talk to your doctor first before using sleep aids for extended periods. Ready for sweet slumber? Just *leave the rest to Lunesta*. Find out how to improve your sleep habits at www.lunesta.com. Or call 1-800-Lunesta.

IMPORTANT SAFETY INFORMATION: LUNESTA works quickly, and should be taken right before bed. Be sure you have at least eight hours to devote to sleep before becoming active. Until you know how you'll react to prescription LUNESTA, you should not drive or operate machinery. Do not use alcohol while taking LUNESTA. Most sleep medicines carry some risk of dependency. Side effects may include unpleasant taste, headache, drowsiness and dizziness. See important patient information on the next page. ©2006 Sepracor Inc.

LunestaTM

(eszopiclone)
1, 2 AND 3 MG TABLETS

Please read this summary of information about LUNESTA before you talk to your doctor or start using LUNESTA. It is not meant to take the place of your doctor's instructions. If you have any questions about LUNESTA tablets, be sure to ask your doctor or pharmacist.

LUNESTA is used to treat different types of sleep problems, such as difficulty in falling asleep, difficulty in maintaining sleep during the night, and waking up too early in the morning. Most people with insomnia have more than one of these problems. You should take LUNESTA immediately before going to bed because of the risk of falling.

LUNESTA belongs to a group of medicines known as "hypnotics" or, simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Insomnia is often transient and intermittent. It usually requires treatment for only a short time, usually 7 to 10 days up to 2 weeks. If your insomnia does not improve after 7 to 10 days of treatment, see your doctor, because it may be a sign of an underlying condition. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

Side Effects

All medicines have side effects. The most common side effects of sleep medicines are:

- Drowsiness
- Dizziness
- Lightheadedness
- Difficulty with coordination

Sleep medicines can make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of LUNESTA that is best for you. Some people taking LUNESTA have reported next-day sleepiness.

To manage these side effects while you are taking this medicine:

- When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- Do not drink alcohol when you are taking LUNESTA or any sleep medicine. Alcohol can increase the side effects of LUNESTA or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy

without a prescription. Some medicines can cause drowsiness and are best avoided while taking LUNESTA.

- Always take the exact dose of LUNESTA prescribed by your doctor. Never change your dose without talking to your doctor first.

Special Concerns

There are some special problems that may occur while taking sleep medicines.

Memory Problems

Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine. Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia." Memory problems have been reported rarely by patients taking LUNESTA in clinical studies. In most cases, memory problems can be avoided if you take LUNESTA only when you are able to get a full night of sleep before you need to be active again. Be sure to talk to your doctor if you think you are having memory problems.

Tolerance

When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness in helping you sleep. This is known as "tolerance." Development of tolerance to LUNESTA was not observed in a clinical study of 6 months' duration. Insomnia is often transient and intermittent, and prolonged use of sleep medicines is generally not necessary. Some people, though, have chronic sleep problems that may require more prolonged use of sleep medicine. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence

Sleep medicines can cause dependence in some people, especially when these medicines are used regularly for longer than a few weeks or at high doses. Dependence is the need to continue taking a medicine because stopping it is unpleasant.

When people develop dependence, stopping the medicine suddenly may cause unpleasant symptoms (see *Withdrawal* below). They may find they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks. If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting LUNESTA or any sleep medicine.

Withdrawal

Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In

some cases, these symptoms can occur even if the medicine has been used for only a week or two. In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and, rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon. Although withdrawal symptoms have not been observed in the relatively limited controlled trials experience with LUNESTA, there is, nevertheless, the risk of such events in association with the use of any sleep medicine.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking LUNESTA or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes In Behavior And Thinking

Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- More outgoing or aggressive behavior than normal
- Confusion
- Strange behavior
- Agitation
- Hallucinations
- Worsening of depression
- Suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used. Clinical experience with LUNESTA suggests that it is rarely associated with these behavior changes.

It is also important to realize it is rarely clear whether these behavior changes are caused by the medicine, are caused by an illness, or have occurred on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy And Breastfeeding

Sleep medicines may cause sedation or other potential effects in the unborn baby when used during the last weeks of pregnancy. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking LUNESTA.

In addition, a very small amount of LUNESTA may be present in breast milk after use of the medication. The effects of very small amounts of LUNESTA on an infant are not known; therefore, as with all other prescription sleep medicines, it is recommended that you not take LUNESTA if you are breastfeeding a baby.

Safe Use Of Sleep Medicines

To ensure the safe and effective use of LUNESTA or any other sleep medicine, you should observe the following cautions:


1. LUNESTA is a prescription medicine and should be used **ONLY** as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take LUNESTA.
2. Never use LUNESTA or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with LUNESTA or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription and herbal preparations. You should also tell your doctor if you drink alcohol. **DO NOT** use alcohol while taking LUNESTA or any other sleep medicine.
5. Do not take LUNESTA unless you are able to get 8 or more hours of sleep before you must be active again.
6. Do not increase the prescribed dose of LUNESTA or any other sleep medicine unless instructed by your doctor.
7. When you first start taking LUNESTA or any other sleep medicine, until you know whether the medicine will still have some effect on you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
8. Be aware that you may have more sleeping problems the first night or two after stopping any sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, if you become pregnant, or if you are breastfeeding a baby while taking LUNESTA.
10. As with all prescription medicines, never share LUNESTA or any other sleep medicine with anyone else. Always store LUNESTA or any other sleep medicine in the original container and out of reach of children.
11. Be sure to tell your doctor if you suffer from depression.
12. LUNESTA works very quickly. You should only take LUNESTA immediately before going to bed.
13. For LUNESTA to work best, you should not take it with or immediately after a high-fat, heavy meal.
14. Some people, such as older adults (i.e., ages 65 and over) and people with liver disease, should start with the lower dose (1 mg) of LUNESTA. Your doctor may choose to start therapy at 2 mg. In general, adults under age 65 should be treated with 2 or 3 mg.
15. Each tablet is a single dose; do not crush or break the tablet.

Note: This summary provides important information about LUNESTA. If you would like more information, ask your doctor or pharmacist to let you read the Prescribing Information and then discuss it with him or her.

Rx only



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Pressure's off.



Sleepless in Suburbia

THOUGH I HAVE always been a sound sleeper, I am frequently up at 4 a.m. This is around the time that my husband, Ed, having woken up at 3, will generally crawl back into bed. Ed goes downstairs to watch TV so that his tossing and turning doesn't wake me up. This is very considerate, except that when he returns, he likes to chat about what he's been watching. The other night, Ed had been watching an infomercial for something called the Steam Shark. I have a distinct memory of surfacing from the depths of sleep directly into the sentence "You can steam-clean around the base of the toilet."

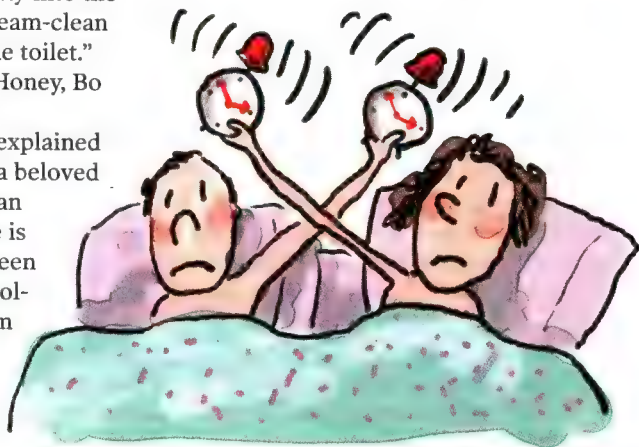
Last night it was "Honey, Bo Schembechler died."

Schembechler, Ed explained to my inert self, was a beloved University of Michigan football coach. There is little difference between talking to me about college football when I'm

asleep and talking to me about it when I'm awake. Eyelid position, basically, is the difference. Ed kept going: "He was the voice of the Wolverines."

I was partly awake at this point, and for some reason, the sentence struck me as the funniest thing I'd heard in a very long time. Different rules apply between the hours of 2 and 4 a.m., I find. Things that would ordinarily not even qualify as mildly amusing will often, at 3 a.m., strike the ear as high comedy.

Worries are similarly warped. I recently spent the hour from



Mary Roach has been writing since 1985. She doesn't know what else to do.

4 to 5 a.m. worrying about the placement of two shrubs we had planted in our yard that day. Ed came in from downstairs, and I unloaded my fears about the overly close positioning of the shrubbery. I made him promise that first thing the next day, we

The noises I make in my sleep include the Click, the Tommy gun, the Darth Vader.

would dig one up and move it, lest they crowd each other's roots. In the morning, we went out to look at the plants. If anything, they looked a little lonesome there at 17 inches apart, just as the label had recommended. I am now known far and wide as the Nervous Gardener.

Anyway, once the laughter sets in, we're both up. The topic of Wolverines led to savage animals in general, and from there to a game called African Veldt. We frequently make up mindless games to wile away the time until the sandman agrees to take over the proceedings again.

"First person to run out of animals is the loser," I said. Ed pointed out that since I had been to Africa, the game was rigged in my favor. He made me name three animals for every one of his.

"Fine. Leopard, zebra, elephant."

"Lion," said Ed with great confidence.

"Warthog, wildebeest, springbok."

A long time went by. The shrubbery roots were closing in upon each other. Finally, and with great hesitancy, Ed said, "Giraffe?"

"Eland, gnu, ostrich."

"You can't do birds."

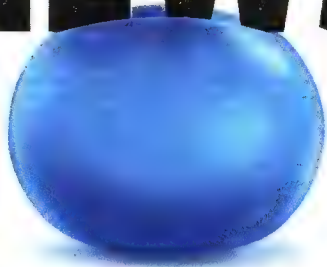
"Birds are animals."

"Okay, ant," said Ed, and then he rolled over. He took his bottom pillow and put it on top of his head. This is known as the Ed sandwich: pillow, Ed's head, pillow. He does this because he

can't sleep if there's noise in the room. There isn't now, but there will be. I make noises while I sleep, and Ed has had many hours to devote to cataloging them. Common varieties include the Click, the Tommy gun and the Darth Vader.

Light is also a problem for my husband. There can be no light in the bedroom, not even the light from the digital clock, which is hidden away on the bottom shelf of Ed's nightstand, broadcasting the time to toddlers and gnomes. The room across the hall must also be dark. We can't just close our bedroom door to block the light from that room, because this will make the bedroom too stuffy for Ed to sleep. That room must also have its curtains drawn. If he could, Ed would draw the curtains on the windows of our neighbors across the driveway, and on down the street, all the way to the horizon. ■

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Or visit www.SYNIVISC.com for more information
plus a list of providers near you.

Please see additional important Patient Information on the next page.

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S-00087A 05/2006

Get up to 6 months of osteoarthritis (OA) knee pain relief with SYNIVISC® (hylan G-F 20).

Don't let OA of the knee control your life. SYNIVISC is
an OA treatment that's really different. **SYNIVISC:**

- Is FDA-approved.
- Does not require knee replacement surgery.
- Is not a pill that you need to take every day.*
- Replaces diseased knee fluid.
- Has been proven safe and effective to use.
- Has been used in more than 2.2 million knees.
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Best of all, SYNIVISC delivers great pain relief—which
may lead to improved mobility. So why wait? Take
control and call us or mail back the attached card today.

Important Patient Information

SYNIVISC is used to relieve knee pain due to
osteoarthritis (OA). It is for patients who do not get
enough relief from simple pain killers such as acetaminophen, or from exercise and physical therapy.

SYNIVISC is generally well tolerated. However, it
may not work for everyone. The side effects most
commonly seen when SYNIVISC is injected into the
knee were pain, swelling and/or fluid build-up
around the knee. Cases where the swelling is extensive
or painful should be discussed with your doctor.
Other side effects such as rash have been reported
rarely. Before trying SYNIVISC, tell your doctor if you
are allergic to products from birds — such as feathers,
eggs, or poultry — or if your leg is swollen or infected.
Talk to your doctor before resuming strenuous
weight-bearing activities after treatment. SYNIVISC has
not been tested in children, pregnant women or women
who are nursing. You should tell your doctor if you
think you are pregnant or if you are nursing a child.

*Treatment with SYNIVISC may not eliminate the
need for other OA medications.

SYNIVISC
HYLAN G-F 20

SYNVISC®

HYLAN G-F 20

PATIENT INFORMATION

Be sure to read the following important information carefully. This information does not take the place of your doctor's advice. If you do not understand this information or want to know more, ask your doctor.

WHAT IS SYNVISC?

Synvisc is a gel-like mixture that is made up of hylan A fluid, hylan B gel, and salt water. Hylan A and hylan B are made from a substance called hyaluronan (pronounced hye-a-loo-ROE-nan), also known as sodium hyaluronate that comes from chicken combs. This is a natural substance found in the body and is present in very high amounts in joints. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint and is needed for the joint to work properly. Osteoarthritis (pronounced os-TE-o-ar-THRI-tis) (OA) is a type of arthritis that involves the wearing down of cartilage (the protective covering on the ends of your bones). In OA, there may not be enough hyaluronan, and there may be a decrease in the quality of the hyaluronan in the joint. Synvisc comes in syringes containing 2 mL (half a teaspoon) of product. Synvisc is injected directly into your knee.

WHAT IS SYNVISC USED FOR?

Synvisc is used to relieve knee pain due to OA. It is used for patients who do not get enough relief from simple painkillers, such as acetaminophen, or from exercise and physical therapy.

WHAT ARE THE BENEFITS OF SYNVISC?

Two medical studies involving a total of 132 patients were done in Germany. The patients in these studies were at least 40 years old and had knee pain due to OA. The patients were placed in one of two groups. One group was given an injection of Synvisc into one or both knees once a week for three weeks. The second group was given an injection of salt water once a week for three weeks. As part of the study, knee joint pain was measured for 26 weeks. Also, patients and doctors were asked to judge the success of the treatment for 26 weeks. Patients with OA knee pain, who did not get pain relief with other medicines, got pain relief with Synvisc. The patients given Synvisc had more pain relief than the patients given salt water. Some patients started to feel pain relief after the first week of Synvisc treatment. The most pain relief and the greatest amount of treatment success was seen 8 to 12 weeks after Synvisc treatment started.

A medical study done in the United States involved 90 patients. The patients were at least 40 years old and had knee pain due to OA. Patients were placed into one of two groups. One group was given Synvisc once a week for three weeks. The second group had a needle inserted into the knee to have any fluid removed (this procedure is called arthrocentesis [pronounced AR-thro-sen-TE-sis]) once a week for three weeks. Patients improved after Synvisc treatment, but not more than patients who had arthrocentesis. This study was different from the German studies because the last time the two groups were compared was only two weeks after the last Synvisc injection. The study was also different in other ways, including length of time that patients had to stop taking medicines before they could start treatment. The length of time patients had to stop taking medicines was two weeks in the German studies and four weeks in the U.S. study.

WHAT OTHER TREATMENTS ARE AVAILABLE FOR OA?

If you have OA, there are other things you can do besides getting Synvisc. These include:

Non-drug treatments

- avoiding activities that cause knee pain
- exercise
- physical therapy
- removal of excess fluid from your knee

Drug therapy

- pain relievers such as acetaminophen and narcotics
- drugs that reduce inflammation (signs of inflammation are swelling, pain or redness), such as aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen
- steroids that are injected directly into your knee

ARE THERE ANY REASONS WHY YOU SHOULD NOT RECEIVE SYNVISC?

- You should not get this product if you have had any allergic reaction before to Synvisc or hyaluronan products. Signs of an allergic reaction may include swelling of your face, tongue, or throat; difficulty breathing or swallowing; shortness of breath; wheezing; chest pain; a tightness in your throat;

sleepiness; rash; itching; hives; flushing, and/or fever. You should call your doctor immediately if you develop any of these signs of an allergic reaction.

- You should not be given Synvisc if you have a knee joint infection or skin diseases or infections around the area where the injection will be given. Talk to your doctor if you have any questions about this information.

THINGS YOU SHOULD KNOW ABOUT SYNVISC:

- Synvisc is only for injection into the knee, performed by a doctor or other qualified health care professional.
- Tell your doctor if you are allergic to products from birds such as feathers, eggs, and poultry.
- After you receive the injection, you may need to avoid activities such as jogging, tennis, heavy lifting, or standing for a long time.
- Synvisc has not been tested in pregnant women, or women who are nursing. You should tell your doctor if you think you are pregnant, or if you are nursing a child.
- The safety and effectiveness of Synvisc have not been tested in children.

POSSIBLE SIDE EFFECTS:

- The side effects (also called reactions) sometimes seen when Synvisc is injected into the knee as a first or repeat set of injections were pain, swelling, heat, redness, and/or fluid build-up around the knee. These reactions were generally mild and did not last long, but sometimes fluid accumulation was considerable and painful; cases where the swelling is extensive and painful should be discussed with your doctor. The reactions seemed to occur more often when Synvisc was injected into the knee as a repeat set of injections than when Synvisc was injected as a first set of injections.

- These reactions were generally treated by giving pain relievers by mouth such as acetaminophen or by giving NSAIDs by mouth or injections of steroids, or by removing fluid from the knee joint. Patients have rarely undergone arthroscopy (a surgical inspection of the knee joint) and other medical procedures.

- Rare cases of knee joint infection have been reported after Synvisc injections.

- Rashes, hives and itching have been seen in patients after Synvisc treatment. Before you are given Synvisc, tell your doctor if something like this has ever happened to you after receiving an injection of Synvisc or other hyaluronan products.

- Other less common side effects have been: muscle pain/cramps, flushing and/or swelling of your face, fast heartbeat, nausea (or feeling sick to your stomach), dizziness, fever, chills, headache, difficulty breathing, swelling in your arms and/or legs, prickly feeling of your skin, and in rare cases a low number of platelets in the blood (platelets are a type of blood cell that are needed to help clot your blood when you are cut or injured).

- If any of the above symptoms or signs appear after you are given Synvisc, or if you have any other problems, you should call your doctor.

HOW IS SYNVISC GIVEN?

Your doctor will give you your injection of Synvisc (2mL) into your knee once a week, for a total of three injections.

MANUFACTURED AND DISTRIBUTED BY:

Genzyme Biosurgery a division of
Genzyme Corporation
1125 Pleasant View Terrace
Ridgfield, New Jersey 07657

HOW DO I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc, you may call Genzyme Biosurgery at 1-888-3-SYNVISC (1-888-379-6847).

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70230602

Revised November 15, 2004

genzyme
Biosurgery

SYNVISC is eligible for reimbursement by most insurance plans. Many require that your physician provide SYNVISC. If your physician does not provide SYNVISC and he or she writes a prescription for SYNVISC, some insurance plans, including Medicare, may not cover the cost. Therefore, it is recommended that you ask your physician if his or her office provides SYNVISC. Procedures vary from policy to policy, so please check with your physician and/or your insurer. If you have additional questions about insurance coverage, please contact the SYNVISC Reimbursement Hotline at 1-800-982-8292. This toll-free number can be accessed between 8:30 a.m. and 6:00 p.m., Eastern Time, Monday through Friday.



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Just Can't Lose the Weight

I've tried everything and I'm still seriously overweight. I'm considering bariatric surgery. What do I need to know before making this decision?

Many people think of weight-loss surgery as a moral defeat: It's unnatural and it's cutting corners. But for those with life-threatening obesity—a body mass index of 40 or higher, or 35 or higher with side effects like diabetes and high blood pressure—surgery could be the best choice.

Q & A

If you're part of this group, and if you've repeatedly tried diet and exercise without results, here's what you need to know: This is major surgery that has risks (blood clots, infection) as well as

rewards (a thinner, longer life). Most of all, you must commit to changing your post-operative lifestyle: You know, eating healthy foods and exercising regularly. Follow that, and it'll be an effective procedure that will do more than improve your looks. It will improve your health—drastically.

THE BUZZ

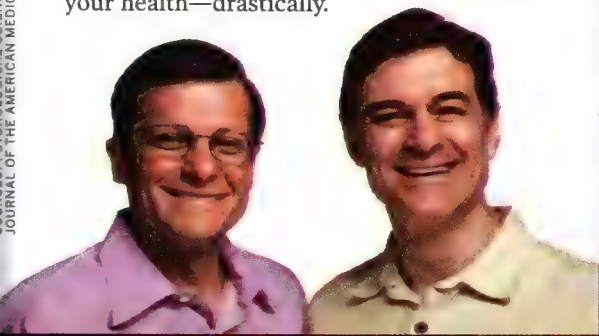
1 Grab his hand! When stressed women hold their husband's hand, brain scans show signs of immediate relief.

2 Treating sleep apnea can improve memory problems.

3 The flu shot worked better than the nasal-spray vaccine during the 2004/2005 flu season.

4 The final phase of colonoscopy should last at least six minutes for the most accurate results.

5 Caucasians with the highest levels of vitamin D in their blood are 62% less likely to develop MS than those with the lowest amounts.



HOW TO HANDLE

ONE COMMON PROBLEM

ALLERGIES

FOUR EXPERT SOLUTIONS

THE ALLERGIST

THE NEWS is good. In the past, antihistamines made people drowsy, but newer ones (loratadine, fexofenadine and cetirizine) are much less likely to. Inhaled nasal steroids and antihistamines can help. So can OTC decongestant nasal sprays, but don't use them for more than a few days, or you could make the problem worse. Allergy shots can prevent symptoms and reduce the need for medication.

IRA FINEGOLD, MD,
Past President, American College
of Allergy, Asthma and Immunology

THE NUTRITIONIST

VARIETY, BALANCE and moderation are the hallmarks of a healthy diet, so eat nutritious, colorful foods (blueberries, tomatoes, broccoli). Some allergy drugs are dehydrating, so be sure to get enough fluids. If you're stuffed up, try spicy foods (hot peppers, wasabi, horseradish), which can help open up nasal passages.

CAROLYN O'NEIL, RD, Atlanta, Georgia, Coauthor of
The Dish: On Eating Healthy and Being Fabulous!

Over
36 million
Americans
suffer from
nasal
allergies.

THE MIND/BODY EXPERT

LAUGHTER MAY BE the best medicine (as if we didn't know!). Joyful, not dark, humor optimizes the immune system. And laughing relieves stress, which can worsen allergies, so it may also ease your symptoms. But, as with exercise, you must do it regularly to get the benefit. Try to laugh three to four times a week for 20 to 40 minutes, minimum.

LEE BERK, DRPH, Associate
Professor, Health Promotion and
Education, Loma Linda University School
of Medicine, Loma Linda, California

THE INTEGRATIVE MEDICINE SPECIALIST

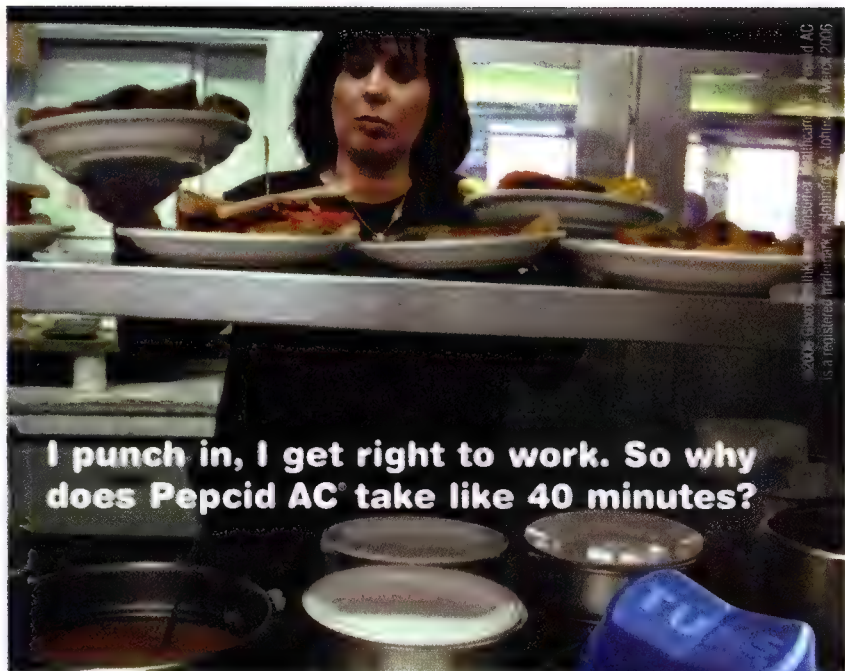
EAT MORE fruits, vegetables and omega-3s (salmon, mackerel, flaxseed, walnuts) to help modulate your immune system. The herb butterbur and the bioflavonoid quercetin are thought to work like antihistamines, but check with your doctor first. And the more time you spend inside, especially when pollen levels are high, the better you'll feel.

STEVEN C. HALBERT, MD, Clinical Assistant Professor,
Jefferson Medical College, Philadelphia, Pennsylvania

BOTTOM LINE

A balanced immune system not only protects against the flu but also minimizes overreaction to allergies. Your stay-healthy toolbox should include physical activity and strong social networks to help manage the daily stress that wears you down. Why not take a friend on a walk to talk out a nagging problem?

—DR. ROIZEN & DR. OZ



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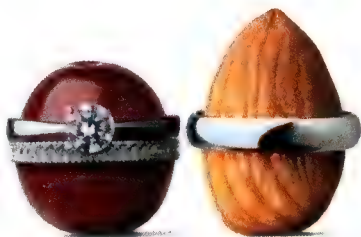
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FOOD FOR Life

BY DEAN ORNISH, MD

A Peek Into My Pantry

I'M OFTEN asked, "What do you, your wife Anne and six-year-old son Lucas eat every day?" March is National Nutrition Month, so it's a good time to talk. Let's dish!

In general, we follow our own advice. Anne and I have worked together for almost ten years, so we tend to eat similar foods. She's vice president of the nonprofit Preventive Medicine Research Institute, which I founded,

and oversees our websites (ornish.com and pmri.org), so she has a deep understanding of our work.

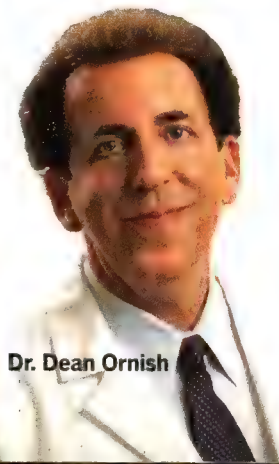
In general, our meals are based on fruits, vegetables, whole grains, legumes and soy products in their natural forms, with a little fish sometimes. We tend to cook simply. If we start with really good, fresh organic produce, we don't have to do much. We spend less time cooking and more time eating together.

Research indicates that the family meal plays a significant role in the health and development of children, including better academic performance and fewer behavioral problems, so we always sit

down together. Here, our diet details:

A good start

We often enjoy a bowl of whole-grain cereal with soy milk and fresh fruit (usually a banana or berries), some whole-wheat toast (plain or with a little jam), and a glass of pomegranate or orange juice. I usually have a cup of green tea or Earl Grey. Anne prefers coffee. Some days, we'll make an egg-white omelet and mix in some spinach, mushrooms, or low-fat cheese or a little turmeric, which may have anti-inflammatory benefits. On weekends, we'll sometimes treat ourselves to a



Dr. Dean Ornish

breakfast of whole-grain pancakes or waffles with a little maple syrup. And every day, we each take a multi-vitamin and fish oil supplements.

Steam it We often put a few vegetables such as corn, broccoli and cauliflower in the steamer, which is quick

and preserves most of the flavor and nutrients. You can add a few prawns or a small

piece of fish as well. Add a salad, and you have a complete meal.

Steaming one or more vegetables, such as butternut squash or carrots, and liquefying them in the blender with a little bit of water makes a soup bursting with flavor.

Plain and simple Many people don't realize how delicious foods can taste without adding a lot of fat, salt and sugar, which often mask the intrinsic flavors.

If you want a little zing or zip to pump up the flavor, try a squeeze of lemon or a delicate pinch of cumin and other favorite spices.

Speedy suppers When we're crunched for time, or when our favorite produce is out of season, we use canned and frozen fruits and vegetables in soups, salads, sauces and casseroles. They're convenient and have just as much nutritional value as fresh.



Pasta's not evil

Like many kids, Lucas loves pasta but isn't crazy about the texture of the healthier, whole-wheat version.

However, what matters is the amount of fiber in the overall meal, not in specific items, so even white-flour pasta is okay, if it's eaten with high-fiber whole grains such as a whole-wheat pita or barley and vegetables.

Fast-food choices If we go out to eat, we look for the healthier items on the menu. At McDonald's, for example, we select the Fruit & Walnut Salad or the Asian Salad (which I helped develop).



NEED MORE PROOF?

I'm 53 years old, and I've been eating this way since I was 19. I'm six feet tall, and my weight stays around 175 pounds. I'm on no medications, and my total cholesterol level has remained below 140 to 150 mg/dl since then. My LDL ranges from 70 to 80 mg/dl, and my blood pressure is 110/70. But the main reason for

eating and living this way is that I feel so much better when I eat healthy. My adolescent allergies and childhood asthma disappeared, and fortunately, I'm rarely ill.

Diet is important, but so is being happy. When I wake up each day with Anne and Lucas, I feel like the luckiest guy in the world.

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He Had a Hunch...

that ordinary people would want their own computer one day. Revolutionary!

WHEN Steve Wozniak was in high school in the mid-1960s, he dreamed of owning a computer.

His father told him that computers cost as much as the down payment on a house. "Then I'll live in an apartment," Wozniak said.

Today, Wozniak is widely acknowledged as the engineering genius who made computers affordable and user-friendly. "The other Steve," as Wozniak is known, is the reclusive cofounder—along with the more flamboyant Steve Jobs—of Apple Inc.

Growing up in Sunnyvale, California, the heart of what would become Silicon Valley, Wozniak started tinkering in fourth

grade, encouraged by his father, an aerospace engineer. It was a time when NASA and the race to the moon regularly made front-page news, glamorizing the slide-rule set.

By the mid-1970s, the shy young man in his mid-20s and a crowd of like-minded nerds founded the Homebrew Computer Club, an association that nurtured some of Silicon



Maria Bartiromo is host and managing editor of the syndicated program *The Wall Street Journal Report*, as well as host of CNBC's *Closing Bell*.

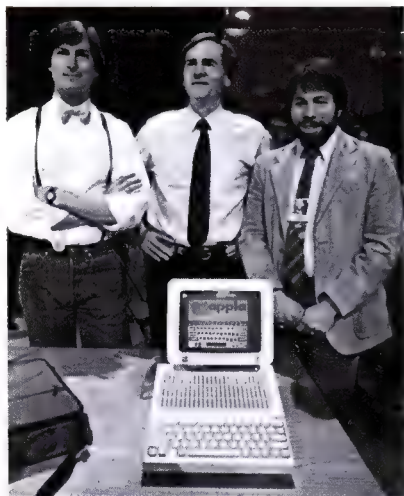
Valley's smartest brains. "People were talking about how we were going to revolutionize the world," Wozniak recalls. "We used the word *revolution* at every meeting. We knew it was going to happen."

Until that point, electronic parts had been too expensive for Wozniak's budget, so he'd been designing his computers mainly on paper. But then the prices came down enough so that Wozniak could move his designs from the drawing board to reality. "I built a very tiny computer. I couldn't afford a device for display, but I had a TV at home and purchased a keyboard. I could type to my computer, and it would type back to my TV set."

Members were fascinated by the idea of a device small enough to fit on a desk. Wozniak happily shared his design and encouraged them to build their own, but few had the skill or time to solder together all the wires to connect the parts.

One of the members was Steve Jobs, a close friend of Wozniak's, who said, "Let's build a PC board that makes the assembly easy. We'll build it for \$20 and sell it for \$40." (This solution enabled members to save time by soldering the electronic parts directly onto the PC board, a kind of motherboard, and avoid handling the wires.)

It was the start of an extraordinarily productive partnership. At the time, Wozniak was working as an engineer at Hewlett-Packard. "I wanted HP to build the computer, so



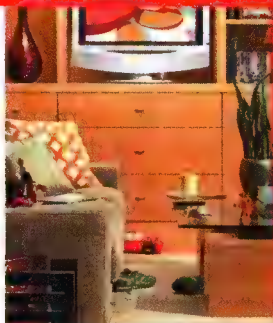
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Steve Jobs, John Sculley (Apple's president at the time) and Steve Wozniak unveil the Apple IIc in 1984.

I went to my boss and my boss's boss and *his* boss and said, 'Here is a machine you could build for \$800. It works with your home TV.'"

When Hewlett-Packard rejected the device, Jobs and Wozniak decided to sell it on their own. Jobs sold his van, and Wozniak sold his prized HP calculator. Together, they managed to scrounge up a few hundred dollars. They named the company Apple Computer and called Wozniak's creation the Apple I.

Jobs went out looking for customers and located a computer store in the area that wanted 100 completely built computers. It offered to pay \$500 each. "We had a \$50,000 order," Wozniak marvels. "That was twice my annual salary."



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With their bank account scraping bottom, Jobs and Wozniak negotiated 30 days' credit on the parts and went into warp speed. They subcontracted the basic manufacturing, but did all the quality testing themselves in Jobs's parents' garage, then boxed up the goods and delivered them to the store. The owner paid cash in ten days.

Meanwhile, Wozniak was working on a \$1 part that would add color to the Apple I. "I decided instead to design a completely different computer (software, hardware, color, graphics, everything) from the ground up. That was the Apple II, the computer that really did start the personal computer revolution."

Knowing Apple II's winning po-

tential, he and Jobs decided to look for an investor with business experience to guide their young company. When Mike Markkula came on board, he told Wozniak he could work at HP or Apple, but he had to choose.

"I went deep inside myself and decided, No, I am not starting Apple," Wozniak recalls. "I had designed a bunch of great computers and written more software than anyone could believe in one year while moonlighting. But I wanted to work for HP for life. I loved how HP supported their engineers."

Luckily, a high school friend (and fellow computer aficionado) convinced him that he could start a company and still remain an

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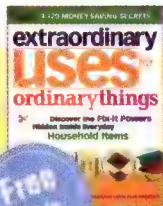
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OUR SOFTEST EVER.

engineer, but at Apple. The rest, of course, is history. The large computer companies that were manufacturing mainframes scoffed at the idea of personal computers for ordinary people. But Wozniak and Jobs made it happen. And by then a young fellow named Bill Gates was designing software for small computers.

Wozniak was just 26 years old when he cofounded Apple. The company went public in 1980, and he had the opportunity to attain wealth to a degree few 30-year-olds could even imagine. But money had never been a motivating force for Wozniak.

He began sharing his wealth from the start. When Apple was on the verge of going public, he found out key employees in engineering and marketing had not been given the chance to buy stock at the insider price. "I felt it was wrong, so I allowed them to buy my stock at a price that would make them very wealthy. It put the lawyers in a tizzy, but eventually they let me do it. I had far more than I needed."

Now 56, Wozniak looks back on his life and says, "The themes that drove me were the love of engineering, enabling me to design things

that other people could not design. Also the social ramifications of doing good. We were talking about taking the little guy to a new place where the individual would be as important as the big company. I got to be a creator."

What's more, he says, "I would have done the things I did without Apple's success. I went back to college and got my degree. I always wanted to be a teacher, so I taught elementary school for eight years. I pretty much stayed the same person."

Got a money question? Write to Maria Bartiromo at moneymakers@rd.com.

AND FYI ...

Do you have an invention kicking around in your brain? Steve Wozniak offers this advice in his book *iWoz*:

- Believe in yourself and never waver. Follow your hunch, not the crowd.
- Work alone. You'll turn a clever idea into a revolutionary new product if it doesn't have to go to committee.
- Moonlight. Work on your projects on your own time. It's worth the sacrifice.

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PRIORITIES, PRIORITIES

"Are Men Smarter? Researcher Says Yes," declared a headline on the CNN website. Splashing water on that theory was a link just beneath it to another health article—"Study: Men delay medical care when the game's on."

AMY BAIK



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Please see reverse side for Brief Summary of Prescribing Information.

Brief Summary of Prescribing Information

ROZEREM™

(ramelteon) Tablets

INDICATIONS AND USAGE

ROZEREM is indicated for the treatment of insomnia characterized by difficulty with sleep onset.

CONTRAINDICATIONS

ROZEREM is contraindicated in patients with a hypersensitivity to ramelteon or any components of the ROZEREM formulation.

WARNINGS

Since sleep disturbances may be the presenting manifestation of a physical and/or psychiatric disorder, symptomatic treatment of insomnia should be initiated only after a careful evaluation of the patient. The failure of insomnia to remit after a reasonable period of treatment may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated. Worsening of insomnia, or the emergence of new cognitive or behavioral abnormalities, may be the result of an unrecognized underlying psychiatric or physical disorder and requires further evaluation of the patient. As with other hypnotics, exacerbation of insomnia and emergence of cognitive and behavioral abnormalities were seen with ROZEREM during the clinical development program.

ROZEREM should not be used by patients with severe hepatic impairment.

ROZEREM should not be used in combination with fluvoxamine (see **PRECAUTIONS: Drug Interactions**).

A variety of cognitive and behavior changes have been reported to occur in association with the use of hypnotics. In primarily depressed patients, worsening of depression, including suicidal ideation, has been reported in association with the use of hypnotics.

Patients should avoid engaging in hazardous activities that require concentration (such as operating a motor vehicle or heavy machinery) after taking ROZEREM.

After taking ROZEREM, patients should confine their activities to those necessary to prepare for bed.

PRECAUTIONS

General

ROZEREM has not been studied in subjects with severe sleep apnea or severe COPD and is not recommended for use in those populations.

Patients should be advised to exercise caution if they consume alcohol in combination with ROZEREM.

Use in Adolescents and Children

ROZEREM has been associated with an effect on reproductive hormones in adults, e.g., decreased testosterone levels and increased prolactin levels. It is not known what effect chronic or even chronic intermittent use of ROZEREM may have on the reproductive axis in developing humans (see **Pediatric Use**).

Information for Patients

Patients should be advised to take ROZEREM within 30 minutes prior to going to bed and should confine their activities to those necessary to prepare for bed.

Patients should be advised to avoid engaging in hazardous activities (such as operating a motor vehicle or heavy machinery) after taking ROZEREM.

Patients should be advised that they should not take ROZEREM with or immediately after a high fat meal.

Patients should be advised to consult their health care provider if they experience worsening of insomnia or any new behavioral signs or symptoms of concern.

Patients should consult their health care provider if they experience one of the following: cessation of menses or galactorrhea in females, decreased libido, or problems with fertility.

Laboratory Tests

No standard monitoring is required.

For patients presenting with unexplained amenorrhea, galactorrhea, decreased libido, or problems with fertility, assessment of prolactin levels and testosterone levels should be considered as appropriate.

Drug Interactions

ROZEREM has a highly variable inter-subject pharmacokinetic profile (approximately 100% coefficient of variation in C_{max} and AUC). As noted above, CYP1A2 is the major isozyme involved in the metabolism of ROZEREM; the CYP2C subfamily and CYP3A4 isozymes are also involved to a minor degree.

Effects of Other Drugs on ROZEREM Metabolism

Fluvoxamine (strong CYP1A2 inhibitor): When fluvoxamine 100 mg twice daily was administered for 3 days prior to single-dose co-administration of ROZEREM 16 mg and fluvoxamine, the AUC_{0-12} for ramelteon increased approximately 190-fold, and the C_{max} increased approximately 70-fold, compared to ROZEREM administered alone. ROZEREM should not be used in combination with fluvoxamine (see **WARNINGS**). Other less potent CYP1A2 inhibitors have not been adequately studied. ROZEREM should be administered with caution to patients taking less strong CYP1A2 inhibitors.

Rifampin (strong CYP enzyme inducer): Administration of rifampin 600 mg once daily for 11 days resulted in a mean decrease of approximately 80% (40% to 90%) in total exposure to ramelteon and metabolite M-II, (both AUC_{0-12} and C_{max}) after a single 32 mg dose of ROZEREM. Efficacy may be reduced when ROZEREM is used in combination with strong CYP enzyme inducers such as rifampin.

Ketoconazole (strong CYP3A4 inhibitor): The AUC_{0-12} and C_{max} of ramelteon increased by approximately 84% and 36%, respectively, when a single 16 mg dose of ROZEREM was administered on the fourth day of ketoconazole 200 mg twice daily administration, compared to administration of ROZEREM alone. Similar increases were seen in M-II pharmacokinetic variables. ROZEREM should be administered with caution in subjects taking strong CYP3A4 inhibitors such as ketoconazole.

Fluconazole (strong CYP2C9 inhibitor): The total and peak systemic exposure (AUC_{0-12} and C_{max}) of ramelteon after a single 16 mg dose of ROZEREM was increased by approximately 150% when administered with fluconazole. Similar increases were also seen in M-II exposure. ROZEREM should be administered with caution in subjects taking strong CYP2C9 inhibitors such as fluconazole.

Interaction studies of concomitant administration of ROZEREM with fluoxetine (CYP2D6 inhibitor), omeprazole (CYP1A2 inducer/CYP2C9 inhibitor), theophylline (CYP1A2 substrate), dextromethorphan (CYP2D6 substrate) did not produce clinically meaningful changes in either peak or total exposures to ramelteon or the M-II metabolite.

Effects of ROZEREM on Metabolism of Other Drugs

Concomitant administration of ROZEREM with omeprazole (CYP2C19 substrate), dextromethorphan (CYP2D6 substrate), midazolam (CYP3A4 substrate), theophylline (CYP1A2 substrate), digoxin (p-glycoprotein substrate), and warfarin (CYP2C9 [S]/CYP1A2 [R] substrate) did not produce clinically meaningful changes in peak and total exposures to these drugs.

Effect of Alcohol on ROZEREM

Alcohol: With single-dose, daytime co-administration of ROZEREM 32 mg and alcohol (0.6 g/kg), there were no clinically meaningful or statistically significant effects on peak or total exposure to ROZEREM. However, an additive effect was seen on some measures of psychomotor performance (i.e., the Digit Symbol Substitution Test, the Psychomotor Vigilance Task Test, and a Visual Analog Scale of sedation) at some post-dose time points. No additive effect was seen on the Delayed Word Recognition Test. Because alcohol by itself impairs performance, and the intended effect of ROZEREM is to promote sleep, patients should be cautioned not to consume alcohol when using ROZEREM.

Drug/Laboratory Test Interactions

ROZEREM is not known to interfere with commonly used clinical laboratory tests. In addition, *in vitro* data indicate that ramelteon does not cause false-positive results for benzodiazepines, opiates, barbiturates, cocaine, cannabinoids, or amphetamines in two standard urine drug screening methods *in vitro*.

Carcinogenesis, Mutagenesis, and Impairment of Fertility

Carcinogenesis
 In a two-year carcinogenicity study, B6C3F₁ mice were administered ramelteon at doses of 0, 30, 100, 300, or 1000 mg/kg/day by oral gavage. Male mice exhibited a dose-related increase in the incidence of hepatic tumors at dose levels ≥ 100 mg/kg/day including hepatic adenoma, hepatic carcinoma, and hepatoblastoma. Female mice developed a dose-related increase in the incidence of hepatic adenomas at dose levels ≥ 300 mg/kg/day and hepatic carcinoma at the 1000 mg/kg/day dose level. The no-effect level for hepatic tumors in male mice was 30 mg/kg/day (103-times and 3-times the therapeutic exposure to ramelteon and the active metabolite M-II, respectively, at the maximum recommended human dose [MRHD] based on an area-under-the-curve [AUC] comparison). The no-effect level for hepatic tumors in female mice was 100 mg/kg/day (827-times and 12-times the therapeutic exposure to ramelteon and M-II, respectively, at the MRHD based on AUC).

In a two-year carcinogenicity study conducted in the Sprague-Dawley rat, male and female rats were administered ramelteon at doses of 0, 15, 50, 250 or 1000 mg/kg/day by oral gavage. Male rats exhibited a dose-related increase in the incidence of hepatic adenoma and benign Leydig cell tumors of the testes at dose levels ≥ 250 mg/kg/day and hepatic carcinoma at the 1000 mg/kg/day dose level. Female rats exhibited a dose-related increase in the incidence of hepatic adenoma at dose levels ≥ 60 mg/kg/day and hepatic carcinoma at the 1000 mg/kg/day dose level. The no-effect level for hepatic tumors and benign Leydig cell tumors in male rats was 60 mg/kg/day (1,429-times and 12-times the therapeutic exposure to ramelteon and M-II, respectively, at the MRHD based on AUC). The no-effect level for hepatic tumors in female rats was 15 mg/kg/day (472-times and 16-times the therapeutic exposure to ramelteon and M-II, respectively, at the MRHD based on AUC).

The development of hepatic tumors in rodents following chronic treatment with non-genotoxic compounds may be secondary to microsomal enzyme induction, a mechanism for tumor generation not thought to occur in humans. Leydig cell tumor development following treatment with non-genotoxic compounds in rodents has been linked to reductions in circulating testosterone levels with compensatory increases in luteinizing hormone release, which is a known proliferative stimulus to Leydig cells in the rat testis. Rat Leydig cells are more sensitive to the stimulatory effects of luteinizing hormone than human Leydig cells. In mechanistic studies conducted in the rat, daily ramelteon administration at 250 and 1000 mg/kg/day for 4 weeks was associated with a reduction in plasma testosterone levels. In the same study, luteinizing hormone levels were elevated over a 24 hour period after the last ramelteon treatment; however, the durability of this luteinizing hormone finding and its support for the proposed mechanistic explanation was not clearly established.

Although the rodent tumors observed following ramelteon treatment occurred at plasma levels of ramelteon and M-II in excess of mean clinical plasma concentrations at the MRHD, the relevance of both rodent hepatic tumors and benign rat Leydig cell tumors to humans is not known.

Metagenesis

Ramelteon was not genotoxic in the following: *in vitro* bacterial reverse mutation (Ames) assay; *in vitro* mammalian cell gene mutation assay using the mouse lymphoma TK⁺ cell line; *in vivo* *in vitro* unscheduled DNA synthesis assay in rat hepatocytes; and in *in vivo* micronucleus assays conducted in mouse and rat. Ramelteon was positive in the chromosomal aberration assay in Chinese hamster lung cells in the presence of S9 metabolic activation.

Separate studies indicated that the concentration of the M-II metabolite formed by the rat liver S9 fraction used in the *in vitro* genetic toxicology studies described above, exceeded the concentration of ramelteon; therefore, the genotoxic potential of the M-II metabolite was also assessed in these studies.

Impairment of Fertility

Ramelteon was administered to male and female Sprague-Dawley rats in an initial fertility and early embryonic development study at dose levels of 6, 60, or 600 mg/kg/day. No effects on male or female mating or fertility were observed with a ramelteon dose up to 600 mg/kg/day (786-times higher than the MRHD on a mg/m² basis). Irregular estrus cycles, reduction in the number of implants, and reduction in the number of live embryos were noted with dosing females at \geq 600 mg/kg/day (79-times higher than the MRHD on a mg/m² basis). A reduction in the number of corpora lutea occurred at the 600 mg/kg/day dose level. Administration of ramelteon up to 600 mg/kg/day to male rats for 7 weeks had no effect on sperm quantity and when the treated male rats were mated with untreated female rats there was no effect on implants or embryos. In a repeat of this study using oral administration of ramelteon at 20, 60 or 200 mg/kg/day for the same study duration, females demonstrated irregular estrus cycles with doses \geq 600 mg/kg/day, but no effects were seen on implantation or embryo viability. The no-effect dose for fertility endpoints was 20 mg/kg/day in females (26-times the MRHD on a mg/m² basis) and 600 mg/kg/day in males (786-times higher than the MRHD on a mg/m² basis) when considering all studies.

Pregnancy: Pregnancy Category C

Ramelteon has been shown to be a developmental teratogen in the rat when given in doses 197 times higher than the maximum recommended human dose (MRHD) on a mg/m² basis. There are no adequate and well-controlled studies in pregnant women. Ramelteon should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

The effects of ramelteon on embryo-fetal development were assessed in both the rat and rabbit. Pregnant rats were administered ramelteon by oral gavage at doses of 0, 10, 40, 160, or 600 mg/kg/day during gestation days 6-17, which is the period of organogenesis in this species. Evidence of maternal toxicity and fetal teratogenicity was observed at doses greater than or equal to 150 mg/kg/day. Maternal toxicity was chiefly characterized by decreased body weight and, at 600 mg/kg/day, ataxia and decreased spontaneous movement. At maternally toxic doses (150 mg/kg/day or greater), the fetuses demonstrated visceral malformations consisting of diaphragmatic hernia and minor anatomical variations of the skeleton (irregularly shaped scapula). At 600 mg/kg/day, reductions in fetal body weights and malformations including cysts on the external genitalia were additionally observed. The no-effect level for teratogenicity in this study was 40 mg/kg/day (1,892-times and 45-times higher than the therapeutic exposure to ramelteon and the active metabolite M-II, respectively, at the MRHD based on an area-under-the-curve [AUC] comparison). Pregnant rabbits were administered ramelteon by oral gavage at doses of 0, 12, 60, or 300 mg/kg/day during gestation days 6-18, which is the period of organogenesis in this species. Although maternal toxicity was apparent with a ramelteon dose of 300 mg/kg/day, no evidence of fetal effects or teratogenicity was associated with any dose level. The no-effect level for teratogenicity was, therefore, 300 mg/kg/day (11,862-times and 99-times higher than the therapeutic exposure to ramelteon and M-II, respectively, at the MRHD based on AUC).

The effects of ramelteon on pre- and post-natal development in the rat were studied by administration of ramelteon to the pregnant rat by oral gavage at doses of 0, 30, 100, or 300 mg/kg/day from day 6 of gestation through parturition to postnatal (lactation) day 21, at which time offspring were weaned. Maternal toxicity was noted at doses of 100 mg/kg/day or greater and consisted of reduced body weight gain and increased adrenal gland weight. Reduced body weight during the post-weaning period was also noticed in the offspring of the groups given 100 mg/kg/day and higher. Offspring in the 300 mg/kg/day group demonstrated physical and developmental delays including delayed eruption of the lower incisors, a delayed acquisition of the righting reflex, and an alteration of emotional response. These delays are often observed in the presence of reduced offspring body weight but may still be indicative of developmental delay. An apparent decrease in the ability of offspring in the 300 mg/kg/day group was likely due to altered maternal behavior and function observed at this dose level. Offspring of the 300 mg/kg/day group also showed evidence of diaphragmatic hernia, a finding observed in the embryo-fetal development study previously described. There were no effects on the reproductive capacity of offspring and the resulting progeny were not different from those of vehicle-treated offspring. The no-effect level for pre- and postnatal development in this study was 30 mg/kg/day (39-times higher than the MRHD on a mg/m² basis).

Labor and Delivery

The potential effects of ROZEREM on the duration of labor and/or delivery, for either the mother or the fetus, have not been studied. ROZEREM has no established use in labor and delivery.

Nursing Mothers

Ramelteon is secreted into the milk of lactating rats. It is not known whether this drug is excreted in human milk. No clinical studies in nursing mothers have been performed. The use of ROZEREM in nursing mothers is not recommended.

Pediatric Use

Safety and effectiveness of ROZEREM in pediatric patients have not been established. Further study is needed prior to determining that this product may be used safely in pre-pubescent and pubescent patients.

Geriatric Use

A total of 654 subjects in double-blind, placebo-controlled, efficacy trials who received ROZEREM were at least 65 years of age; of these, 199 were 75 years of age or older. No overall differences in safety or efficacy were observed between elderly and younger adult subjects.

ADVERSE REACTIONS

Overview

The data described in this section reflect exposure to ROZEREM in 4251 subjects, including 346 exposed for 6 months or longer, and 473 subjects for one year.

Adverse Reactions Resulting in Discontinuation of Treatment

Five percent of the 3594 individual subjects exposed to ROZEREM in clinical studies discontinued treatment owing to an adverse event, compared with 2% of the 1370 subjects receiving placebo. The most frequent adverse events leading to discontinuation in subjects receiving ROZEREM were somnolence (0.8%), dizziness (0.5%), nausea (0.3%), fatigue (0.3%), headache (0.3%), and insomnia (0.3%).

ROZEREM Most Commonly Observed Adverse Events in Phase 1-3 Trials

The incidence of adverse events during the Phase 1 through 3 trials (% placebo, n=1370; % ramelteon [8 mg], n=1250) were: headache NOS (7%, 7%), somnolence (3%, 5%), fatigue (2%, 4%), dizziness (3%, 5%), nausea (2%, 3%), insomnia exacerbated (2%, 3%), upper respiratory tract infection NOS (2%, 3%), diarrhea NOS (2%, 2%), myalgia (1%, 2%), depression (1%, 2%), dysgeusia (1%, 2%), arthralgia (1%, 2%), influenza (0, 1%), blood cortisol decreased (0, 1%).

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in clinical trials of other drugs, and may not reflect the rates observed in practice. The adverse reaction information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates.

DRUG ABUSE AND DEPENDENCE

ROZEREM is not a controlled substance.

Human Data: See the CLINICAL TRIALS section, Studies Pertinent to Safety Concerns for Sleep-Promoting Agents, in the Complete Prescribing Information.

Animal Data: Ramelteon did not produce any signals from animal behavioral studies indicating that the drug produces rewarding effects. Monkeys did not self-administer ramelteon and the drug did not induce a conditioned place preference in rats. There was no generalization between ramelteon and midazolam. Ramelteon did not affect rotarod performance, an indicator of disruption of motor function, and it did not potentiate the ability of diazepam to interfere with rotarod performance.

Discontinuation of ramelteon in animals or in humans after chronic administration did not produce withdrawal signs. Ramelteon does not appear to produce physical dependence.

OVERDOSAGE

Signs and Symptoms

No cases of ROZEREM overdose have been reported during clinical development.

ROZEREM was administered in single doses up to 160 mg in an abuse liability trial. No safety or tolerability concerns were seen.

Recommended Treatment

General symptomatic and supportive measures should be used, along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. As in all cases of drug overdose, respiration, pulse, blood pressure, and other appropriate vital signs should be monitored, and general supportive measures employed.

Hemodialysis does not effectively reduce exposure to ROZEREM. Therefore, the use of dialysis in the treatment of overdose is not appropriate.

Poison Control Center

As with the management of all overdose, the possibility of multiple drug ingestion should be considered. The physician may contact a poison control center for current information on the management of overdose.

Rx only

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Takeda Pharmaceutical Company Limited, 540-8645 Osaka, JAPAN

Manufactured in:

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05-1118

Revised: Nov. 2005

® ALL IN A DAY'S WORK

WHO SAYS companies only care about the bottom line? Ours is socially conscious and offers employees fun outdoor activities throughout the complex.

Both of these admirable elements were driven home one day when a voice over the loudspeaker boomed "Everyone who signed up to donate blood, please report to the rifle range!"

LISA CARNES



"I'm disappointed. If anyone should have seen the red flags, it's you."

EVEN THOUGH it was warm outside, the heat was on full blast in my office at the hospital. So I asked our nursing unit secretary to get someone to fix it. This was a

one-man job, so I could not figure out why two guys showed up—until I was handed the maintenance request form. It read "Head nurse is hot."

CAROLYN HOUSE

BUSINESSES thrive when word gets out about them. The trick is choosing the right words.

- The flyer for a foot and ankle clinic invites people with fractures, heel spurs, arthritis and hammertoes to visit. Best of all: "Walk-Ins Welcome."

REED COOPER

- Big B, in Murfreesboro, Tennessee, has been dry-cleaning people's laundry for so long, its newspaper ad brags, "Celebrating 50 years cleaning on the same spot."

JOAN H. HARRIS

- A sleep studies clinic needs volunteers. To qualify, explains an ad in *The Sunday Oklahoman*, participants must be "experiencing problems falling asleep and staying asleep for at least three months."

DON RAMSEY

Teaching is not for sensitive souls.

While reviewing future, past and present tenses with my ninth-grade English class, I posed the question "'I am beautiful' is what tense?"

One student raised her hand. "Past tense."

REEMA RAHAT

My laptop was driving me crazy. "The A, E, and I keys always stick," I complained to a friend.

She quickly diagnosed the problem. "Your computer is suffering from irritable vowel syndrome."

ANGIE BULAKITES

DON, my husband, rarely brings his job home. But having worked at the phone company for years, he can't always avoid it. He once asked me to make an appointment for him with the optometrist.

"What should I say is wrong?" I asked.

He said, "Tell them my local is fine, but I'm having trouble with my long distance."

JANICE GRAY

SINCE MY purchases came to \$19.06, I handed the cashier a twenty.

"Do you have six cents?" she asked.

"Sorry," I said after fishing around my pockets. "I have no cents."

"Finally," she muttered, "a man who can admit it."

KELLY SMITH

LUNCHING AT a Chinese restaurant, my friend noticed his table had been set with forks but not chopsticks.

"Chopsticks are provided on request," the waiter told him.

My friend had a better

idea. "If you handed them out, you wouldn't have to pay someone to wash the forks."

"True," came the response. "But then we'd have to hire three more people to clean up the mess."

becquet.com

WHEN I PUT ON my new chef uniform—a pair of very baggy, loud-striped pants—I was mildly horrified. But my wife was philosophical.

"It's okay, honey," she said in her soothing way.

"You're just a victim of circus pants."

BRIAN W. KIMBELL

MANY SENIOR executives find talking with management consultants invaluable. My friend, a no-nonsense businessman who works for a large firm, is not one of them.

Halfway through their meeting, and noting my friend's terse answers, the consultant asked, "How do you cope with managerial stress?"

"I don't," came the gruff reply. "I cause it."

CLIVE ATTWATERS

THE INJURY to our piglet wasn't serious, but it did require stitches. So I sent my teenage daughter back into the farmhouse to get needle and thread and bring it to me, while I looked after the squealing animal.

Ten minutes later, she still hadn't returned.

"What are you doing?" I called out.

She yelled back, "Looking for the pink thread."

JUNE HALEY



**Your favorite new joke or one-liner
might be worth \$\$\$.**

Go to rd.com/joke or see page 146 for details.

AS IF BEING sent off to war-torn Somalia in the '90s weren't nerve-racking enough, there were also the bugs.

"Sergeant," I called out during our orientation briefing, "is there a problem with scorpions here?"

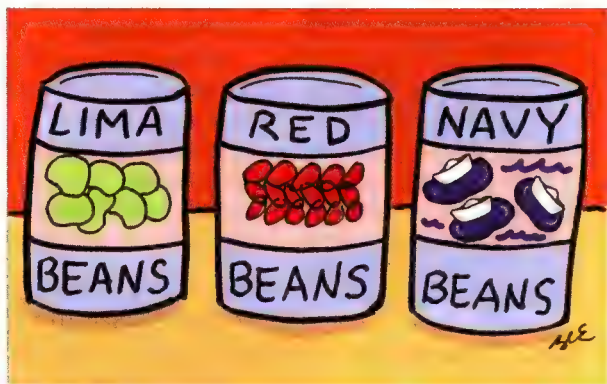
"No need to worry about scorpions, Captain," he assured me. "There are enough snakes around to eat most of them."

CAPT. M. A. NIXON

SHORT AND baby-faced, my buddy Wiggins had trouble being taken seriously in the Army. A mustache, he assumed, would fix that. He was wrong.

"Wiggins!" bellowed our drill instructor after spotting the growth during inspection. "What's so special about your nose that it's got to be underlined?"

K. TROTT



HALFWAY through dinner one night, our friend Jim told us of his days playing football in college as a defensive lineman.

"Did you play sports in college, Mike?" his

wife then asked me.

"Yes," I answered. "I was on West Point's shooting team."

"That's great," she said, appropriately impressed. "Offense or defense?"

MIKE MALONEY

WHEN WE agreed to help our sergeant move to a new apartment, we didn't know the elevator wasn't working. So after hours of carrying heavy boxes and furniture up 11 floors, we were wiped out. And when the sergeant asked us to search

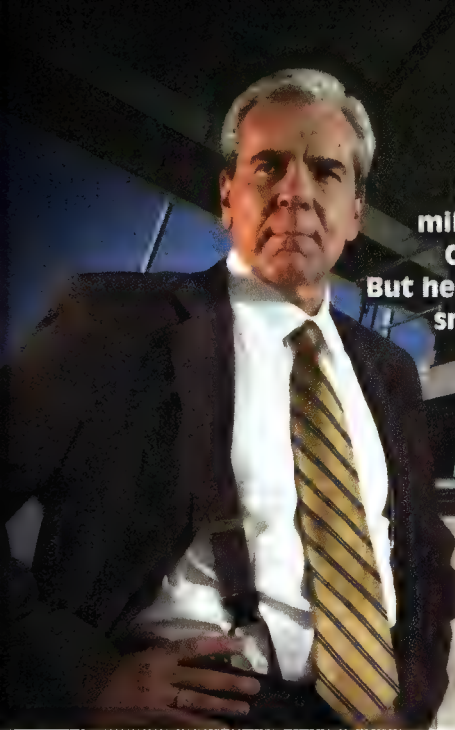
for his favorite pot, no one moved.

"I'll give a bottle of Scotch to whoever finds it," he shouted. Within minutes, a private found the pot.

"Good," said the sarge. "Now look for the Scotch."

WOO-KI SOHN

\$ Your favorite new joke or one-liner might be worth \$\$\$
Go to rd.com/joke or see page 146 for details.



Delivering the news to
millions of readers every day,
Carl is a formidable man.
But he was no match for something
smaller than a drop of ink.

A CLOT.

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Clots are the number one cause of heart attack and stroke, but you can help reduce your risk.

This is important information if you've been hospitalized with heart-related chest pain or a certain type of heart attack.

That's because these conditions, known as Acute Coronary Syndrome—or ACS—are usually caused when blood platelets stick together and form clots that block blood flow to your heart. And if you've already had a clot, you're at an increased risk for a future heart attack or stroke.



PLAVIX, in combination with aspirin, helps provide greater protection against a future heart attack or stroke than aspirin alone. PLAVIX, taken with aspirin, plays its own role in helping reduce your risk of heart attack and stroke. That's because, unlike your cholesterol and blood pressure medications, prescription PLAVIX works to help keep blood platelets from sticking together and forming clots.



IMPORTANT INFORMATION: If you have a stomach ulcer or other condition that causes bleeding, you shouldn't use PLAVIX. When taking PLAVIX alone or with some medicines including aspirin, the risk of bleeding may increase. To minimize this risk, talk to your doctor before taking aspirin or other medicines with PLAVIX. Additional rare but serious side effects could occur.

Talk to your doctor today to learn more about PLAVIX.

Or visit www.plavix.com or call 1.800.300.3501.

See important product information on the following pages.

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INDICATIONS AND USAGE

PLAVIX (clopidogrel bisulfate) is indicated for the reduction of atherothrombotic events as follows:

- **Recent MI, Recent Stroke or Established Peripheral Arterial Disease**
For patients with a history of recent myocardial infarction (MI), recent stroke, or established peripheral arterial disease, PLAVIX has been shown to reduce the rate of a combined endpoint of new ischemic stroke (fatal or not), new MI (fatal or not), and other vascular death.
- **Acute Coronary Syndrome**
-For patients with non-ST-segment elevation acute coronary syndrome (unstable angina/non-Q-wave MI) including patients who are to be managed medically and those who are to be managed with percutaneous coronary intervention (with or without stent) or CABG, PLAVIX has been shown to decrease the rate of a combined endpoint of cardiovascular death, MI, or stroke as well as the rate of a combined endpoint of cardiovascular death, MI, stroke, or refractory ischemia.
-For patients with ST-segment elevation acute myocardial infarction, PLAVIX has been shown to reduce the rate of death from any cause and the rate of a combined endpoint of death, re-infarction or stroke. This benefit is not known to pertain to patients who receive primary angioplasty.

CONTRAINDICATIONS

The use of PLAVIX is contraindicated in the following conditions:

- Hypersensitivity to the drug substance or any component of the product.
- Active pathological bleeding such as peptic ulcer or intracranial hemorrhage

WARNINGS

Thrombotic thrombocytopenic purpura (TTP):

TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition that can be fatal and requires urgent treatment including plasmapheresis (plasma exchange). It is characterized by thrombocytopenia, microangiopathic hemolytic anemia (schistocytes [fragmented RBCs] seen on peripheral smear), neurological findings, renal dysfunction, and fever. (See **ADVERSE REACTIONS**.)

PRECAUTIONS

General

PLAVIX prolongs the bleeding time and therefore should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or other pathological conditions (particularly gastrointestinal and intracranial). If a patient is to undergo elective surgery and an antiplatelet effect is not desired, PLAVIX should be discontinued 5 days prior to surgery.

Due to the risk of bleeding and undesirable hematological effects, blood cell count determination and/or other appropriate testing should be promptly considered, whenever such suspected clinical symptoms arise during the course of treatment (see **ADVERSE REACTIONS**).

In patients with recent TIA or stroke who are at high risk for recurrent ischemic events, the combination of aspirin and PLAVIX has not been shown to be more effective than PLAVIX alone, but the combination has been shown to increase major bleeding.

GI Bleeding: In CAPRI, PLAVIX was associated with a rate of gastrointestinal bleeding of 2.0% vs. 2.7% on aspirin. In CURE, the incidence of major gastrointestinal bleeding was 1.3% vs. 0.7% (PLAVIX + aspirin vs. placebo + aspirin, respectively). PLAVIX should be used with caution in patients who have lesions with a propensity to bleed (such as ulcers). Drugs that might induce such lesions should be used with caution in patients taking PLAVIX.

Use in Hepatically Impaired Patients: Experience is limited in patients with severe hepatic disease, who may have bleeding diatheses. PLAVIX should be used with caution in this population.

Use in Renally-impaired Patients: Experience is limited in patients with severe renal impairment. PLAVIX should be used with caution in this population.

Information for Patients

Patients should be told it may take them longer than usual to stop bleeding, that they may bruise and/or bleed more easily when they take PLAVIX or PLAVIX combined with aspirin, and that they should report any unusual bleeding to their physician. Patients should inform physicians and dentists that they are taking PLAVIX and/or any other product known to affect bleeding before any surgery is scheduled and before any new drug is taken.

Drug Interactions

Study of specific drug interactions yielded the following results:

Aspirin: Aspirin did not modify the clopidogrel-mediated inhibition of ADP-induced platelet aggregation. Concomitant administration of 500 mg of aspirin twice a day for 1 day did not significantly increase the prolongation of bleeding time induced by PLAVIX. PLAVIX potentiated the effect of aspirin on collagen-induced platelet aggregation. PLAVIX and aspirin have been administered together for up to one year.

Heparin: In a study in healthy volunteers, PLAVIX did not necessitate modification of the heparin dose or alter the effect of heparin on coagulation. Coadministration of heparin had no effect on inhibition of platelet aggregation induced by PLAVIX.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): In healthy volunteers receiving naproxen, concomitant administration of PLAVIX was associated with increased occult gastrointestinal blood loss. NSAIDs and PLAVIX should be coadministered with caution.

Warfarin: Because of the increased risk of bleeding, the concomitant administration of warfarin with PLAVIX should be undertaken with caution. (See **PRECAUTIONS—General**.)

Other Concomitant Therapy: No clinically significant pharmacodynamic interactions were observed when PLAVIX was coadministered with **atenolol**, **nifedipine**, or both atenolol and nifedipine. The pharmacodynamic activity of PLAVIX was also not significantly influenced by the coadministration of **phenobarbital**, **cimetidine**, or **estrogen**.

The pharmacokinetics of **digoxin** or **theophylline** were not modified by the coadministration of PLAVIX (clopidogrel bisulfate).

At high concentrations *in vitro*, clopidogrel inhibits **P₄₅₀ 2C9**. Accordingly, PLAVIX may interfere with the metabolism of **phenytoin**, **tamoxifen**, **tolbutamide**, **warfarin**, **torsemide**, **fluvastatin**, and many **non-steroidal anti-inflammatory agents**, but there are no data with which to predict the magnitude of these interactions. Caution should be used when any of these drugs is coadministered with PLAVIX.

In addition to the above specific interaction studies, patients entered into clinical trials with PLAVIX received a variety of concomitant medications including **diuretics**, **beta-blocking agents**, **angiotensin converting enzyme inhibitors**, **calcium antagonists**, **cholesterol lowering agents**, **coronary vasodilators**, **antidiabetic agents** (including **insulin**), **thrombolytics**, **heparins** (unfractionated and LMWH) **GP1Ib/IIa antagonists**, **antiepileptic agents** and **hormone replacement therapy** without evidence of clinically significant adverse interactions.

There are no data on the concomitant use of oral anticoagulants, non-study oral anti-platelet drugs and chronic NSAIDs with clopidogrel.

Drug/Laboratory Test Interactions

None known.

Carcinogenesis, Mutagenesis, Impairment of Fertility

There was no evidence of tumorigenicity when clopidogrel was administered for 78 weeks to mice and 104 weeks to rats at dosages up to 77 mg/kg per day, which afforded plasma exposures >25 times that in humans at the recommended daily dose of 75 mg.

Clopidogrel was not genotoxic in four *in vitro* tests (Ames test, DNA-repair test in rat hepatocytes, gene mutation assay in Chinese hamster fibroblasts, and metaphase chromosome analysis of human lymphocytes) and in one *in vivo* test (micronucleus test by oral route in mice).

Clopidogrel was found to have no effect on fertility of male and female rats at oral doses up to 400 mg/kg per day (52 times the recommended human dose on a mg/m² basis).

Pregnancy

Pregnancy Category B. Reproduction studies performed in rats and rabbits at doses up to 500 and 300 mg/kg/day (respectively, 65 and 78 times the recommended daily human dose on a mg/m² basis), revealed no evidence of impaired fertility or fetotoxicity due to clopidogrel. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of a human response, PLAVIX should be used during pregnancy only if clearly needed.

Nursing Mothers

Studies in rats have shown that clopidogrel and/or its metabolites are excreted in the milk. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the nursing woman.

Pediatric Use

Safety and effectiveness in the pediatric population have not been established

Geriatric Use

Of the total number of subjects in CAPRIE, CURE and CLARITY controlled clinical studies, approximately 50% of patients treated with PLAVIX were 65 years of age and older and 15% were 75 years and older. In COMMIT, approximately 58% of the patients treated with PLAVIX were 60 years and older, 26% of whom were 70 years and older.

The observed risk of thrombotic events with clopidogrel plus aspirin versus placebo plus aspirin by age category is provided in Figures 3 and 6 for the CURE and COMMIT trials, respectively (see **CLINICAL STUDIES**). The observed risk of bleeding events with clopidogrel plus aspirin versus placebo plus aspirin by age category is provided in Tables 5 and 6 for the CURE and COMMIT trials, respectively (see **ADVERSE REACTIONS**).

ADVERSE REACTIONS

PLAVIX has been evaluated for safety in more than 42,000 patients, including over 9,000 patients treated for 1 year or more. The clinically important adverse events observed in CAPRIE, CURE, CLARITY and COMMIT are discussed below.

The overall tolerability of PLAVIX in CAPRIE was similar to that of aspirin regardless of age, gender and race, with an approximately equal incidence (13%) of patients withdrawing from treatment because of adverse reactions.

Hemorrhagic: In CAPRIE patients receiving PLAVIX, gastrointestinal hemorrhage occurred at a rate of 2.0%, and required hospitalization in 0.7%. In patients receiving aspirin, the corresponding rates were 2.7% and 1.1%, respectively. The incidence of intracranial hemorrhage was 0.4% for PLAVIX compared to 0.5% for aspirin.

In CURE, PLAVIX use with aspirin was associated with an increase in bleeding compared to placebo with aspirin (see Table 5). There was an excess in major bleeding in patients receiving PLAVIX plus aspirin compared with placebo plus aspirin, primarily gastrointestinal and at puncture sites. The incidence of intracranial hemorrhage (0.1%), and fatal bleeding (0.2%), were the same in both groups.

The overall incidence of bleeding is described in Table 5 for patients receiving both PLAVIX and aspirin in CURE.

Table 5: CURE Incidence of bleeding complications (% patients)

Event	PLAVIX (+ aspirin)* (n=6259)	Placebo (+ aspirin)* (n=6303)	P-value
Major bleeding†	3.7 ±	2.7 ±	0.001
Life-threatening bleeding	2.2	1.8	0.13
Fatal	0.2	0.2	
5 g/dL hemoglobin drop	0.9	0.9	
Requiring surgical intervention	0.7	0.7	
Hemorrhagic strokes	0.1	0.1	
Requiring intropes	0.5	0.5	
Requiring transfusion (≥4 units)	1.2	1.0	
Other major bleeding	1.6	1.0	0.005
Significantly disabling	0.4	0.3	
Intraocular bleeding with significant loss of vision	0.05	0.03	
Requiring 2-3 units of blood	1.3	0.9	
Minor bleeding‡	5.1	2.4	<0.001

* Other standard therapies were used as appropriate.

† Life threatening and other major bleeding.

‡ Major bleeding event rate for PLAVIX + aspirin was dose-dependent on aspirin: <100 mg=2.6%; 100-200 mg=3.5%; >200 mg=4.9%

Major bleeding event rates for PLAVIX + aspirin by age were: <65 years = 2.5%, ≥65 to <75 years = 4.1%, ≥75 years 5.9%

§ Major bleeding event rate for placebo + aspirin was dose-dependent on aspirin: <100 mg=2.0%; 100-200 mg=2.3%; >200 mg=4.0%

Major bleeding event rates for placebo + aspirin by age were: <65 years = 2.1%, ≥65 to <75 years = 3.1%, ≥75 years 3.6%

¶ Led to interruption of study medication

Ninety-two percent (92%) of the patients in the CURE study received heparin/LMWH, and the rate of bleeding in these patients was similar to the overall results.

There was no excess in major bleeds within seven days after coronary bypass graft surgery in patients who stopped therapy more than five days prior to surgery (event rate 4.4% PLAVIX + aspirin; 5.3% placebo + aspirin). In patients who remained on therapy within five days of bypass graft surgery, the event rate was 9.6% for PLAVIX + aspirin, and 6.3% for placebo + aspirin.

PLAVIX®
clopidogrel bisulfate tablets

In CLARITY, the incidence of major bleeding (defined as intracranial bleeding or bleeding associated with a fall in hemoglobin > 5 g/dL) was similar between groups (1.3% versus 1.1% in the PLAVIX + aspirin and in the placebo + aspirin groups, respectively). This was consistent across subgroups of patients defined by baseline characteristics, and type of fibrinolytics or heparin therapy. The incidence of fatal bleeding (0.8% versus 0.6% in the PLAVIX + aspirin and in the placebo + aspirin groups, respectively) and intracranial hemorrhage (0.5% versus 0.7%, respectively) was low and similar in both groups.

The overall rate of noncerebral major bleeding or cerebral bleeding in COMMIT was low and similar in both groups as shown in Table 6 below.

Table 6: Number (%) of Patients with Bleeding Events in COMMIT

Type of bleeding	PLAVIX (+ aspirin) (N = 22961)	Placebo (+ aspirin) (N = 22891)	P-value
Major* noncerebral or cerebral bleeding**	134 (0.6%)	125 (0.5%)	0.59
Major noncerebral	82 (0.4%)	73 (0.3%)	0.48
Fatal	36 (0.2%)	37 (0.2%)	0.90
Hemorrhagic stroke	55 (0.2%)	56 (0.2%)	0.91
Fatal	39 (0.2%)	41 (0.2%)	0.81
Other noncerebral bleeding (non-major)	831 (3.6%)	721 (3.2%)	0.005
Any noncerebral bleeding	896 (3.9%)	777 (3.4%)	0.004

* Major bleeds are cerebral bleeds or non-cerebral bleeds thought to have caused death or that required transfusion.

** The relative rate of major noncerebral or cerebral bleeding was independent of age. Event rates for PLAVIX + aspirin by age were: <60 years = 0.3%, ≥60 to <70 years = 0.7%, ≥70 years 0.8%. Event rates for placebo + aspirin by age were: <60 years = 0.4%, ≥60 to <70 years = 0.6%, ≥70 years 0.7%.

Adverse events occurring in ≥2.5% of patients on PLAVIX in the CAPRIE controlled clinical trial are shown below regardless of relationship to PLAVIX. The median duration of therapy was 20 months, with a maximum of 3 years.

Table 7: Adverse Events Occurring in ≥2.5% of PLAVIX Patients in CAPRIE

Body System Event	Incidence (% Discontinuation)	
	PLAVIX (n=9599)	Aspirin (n=9586)
<i>Body as a Whole – general disorders</i>		
Chest Pain	8.3 (0.2)	8.3 (0.3)
Accidental/Inflicted Injury	7.9 (0.1)	7.3 (0.1)
Influenza-like symptoms	7.5 (<0.1)	7.0 (<0.1)
Pain	6.4 (0.1)	6.3 (0.1)
Fatigue	3.3 (0.1)	3.4 (0.1)
<i>Cardiovascular disorders, general</i>		
Edema	4.1 (<0.1)	4.5 (<0.1)
Hypertension	4.3 (<0.1)	5.1 (<0.1)
<i>Central & peripheral nervous system disorders</i>		
Headache	7.6 (0.3)	7.2 (0.2)
Dizziness	6.2 (0.2)	6.7 (0.3)
<i>Gastrointestinal system disorders</i>		
Any event	27.1 (3.2)	29.8 (4.0)
Abdominal pain	5.6 (0.7)	7.1 (1.0)
Dyspepsia	5.2 (0.6)	6.1 (0.7)
Diarrhea	4.5 (0.4)	3.4 (0.3)
Nausea	3.4 (0.5)	3.8 (0.4)
<i>Metabolic & nutritional disorders</i>		
Hypercholesterolemia	4.0 (0)	4.4 (<0.1)
<i>Musculo-skeletal system disorders</i>		
Arthralgia	6.3 (0.1)	6.2 (0.1)
Back Pain	5.8 (0.1)	5.3 (<0.1)
<i>Platelet, bleeding, & clotting disorders</i>		
Purpura/Bruse	5.3 (0.3)	3.7 (0.1)
Epistaxis	2.9 (0.2)	2.5 (0.1)

Table 7: Adverse Events Occurring in $\geq 2.5\%$ of PLAVIX Patients in CAPRIE (continued)

Body System Event	% Incidence (% Discontinuation)	
	PLAVIX (n=9599)	Aspirin (n=9586)
Psychiatric disorders		
Depression	3.6 (0.1)	3.9 (0.2)
Respiratory system disorders		
Upper resp tract infection	8.7 (<0.1)	8.3 (<0.1)
Dyspnea	4.5 (0.1)	4.7 (0.1)
Rhinitis	4.2 (0.1)	4.2 (<0.1)
Bronchitis	3.7 (0.1)	3.7 (0.1)
Coughing	3.1 (<0.1)	2.7 (<0.1)
Skin & appendage disorders		
Any event	15.8 (1.5)	13.1 (0.8)
Rash	4.2 (0.5)	3.5 (0.2)
Pruritus	3.3 (0.3)	1.6 (0.1)
Urinary system disorders		
Urinary tract infection	3.1 (0)	3.5 (0.1)

No additional clinically relevant events to those observed in CAPRIE with a frequency $\geq 2.5\%$, have been reported during the CURE and CLARITY controlled studies. COMMIT collected only limited safety data.

Other adverse experiences of potential importance occurring in 1% to 2.5% of patients receiving PLAVIX (clopidogrel bisulfate) in the controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in the other clinical trials).

Autonomic Nervous System Disorders: Syncope, Palpitation. **Body as a Whole:** general disorders: Asthenia, Fever, Hernia. **Cardiovascular disorders:** Cardiac failure. **Central and peripheral nervous system disorders:** Cramps, legs. Hypoesthesia, Neuralgia, Paraesthesia, Vertigo. **Gastrointestinal system disorders:** Constipation, Vomiting, Heart rate and rhythm disorders. **Fibrillation atrial.** **Liver and biliary system disorders:** Hepatic enzymes increased. **Metabolic and nutritional disorders:** Gout, hyperuricemia, non-protein nitrogen (NPN) increased. **Musculo-skeletal system disorders:** Arthritis, Arthralgia, bleeding & clotting disorders: GI hemorrhage, hematoma, platelets decreased. **Psychiatric disorders:** Anxiety, Insomnia. **Red blood cell disorders:** Anemia. **Respiratory system disorders:** Pneumonia, Sinusitis. **Skin and appendage disorders:** Eczema, Skin ulceration. **Urinary system disorders:** Cystitis. **Vision disorders:** Cataract, Conjunctivitis.

Other potentially serious adverse events which may be of clinical interest but were rarely reported (<1%) in patients who received PLAVIX in the controlled clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in the other clinical trials).

Body as a whole: Allergic reaction, necrosis ischemic. **Cardiovascular disorders:** Edema generalized. **Gastrointestinal system disorders:** Peptic, gastric or duodenal ulcer, gastritis, gastric ulcer perforated, gastritis hemorrhagic, upper GI ulcer hemorrhagic. **Liver and Biliary system disorders:** Bilirubinemia, hepatitis infectious, liver fatty. **Platelet, bleeding and clotting disorders:** hemarthrosis, hematoma, hemoptysis, hemorrhage intracranial, hemorrhage retroperitoneal, hemorrhage of operative wound, ocular hemorrhage, pulmonary hemorrhage, purpura allergic, thrombocytopenia. **Red blood cell disorders:** Anemia aplastic, anemia hypochromic. **Reproductive disorders, female:** Menorrhagia. **Respiratory system disorders:** Emphysema. **Skin and appendage disorders:** Bullous eruption, rash erythematous, rash maculopapular, urticaria. **Urinary system disorders:** Abnormal renal function, acute renal failure. **White cell and reticuloendothelial system disorders:** Agranulocytosis, granulocytopenia, leukemia, leukopenia, neutropenia.

Postmarketing Experience

The following events have been reported spontaneously from worldwide postmarketing experience:

- **Body as a whole:**
 - hypersensitivity reactions, anaphylactoid reactions, serum sickness
- **Central and Peripheral Nervous System disorders:**
 - confusion, hallucinations, taste disorders
- **Hepato-biliary disorders:**
 - abnormal liver function test, hepatitis (non-infectious), acute liver failure
- **Platelet, Bleeding and Clotting disorders:**

PLAVIX®

clopidogrel bisulfate tablets

-cases of bleeding with fatal outcome (especially intracranial, gastrointestinal and retroperitoneal hemorrhage)

-thrombotic thrombocytopenic purpura (TTP) – some cases with fatal outcome - (see **WARNINGS**)

-agranulocytosis, aplastic anemia/pancytopenia

-conjunctival, ocular and retinal bleeding

• **Respiratory, thoracic and mediastinal disorders:**

-bronchospasm, interstitial pneumonitis

• **Skin and subcutaneous tissue disorders:**

-angioedema, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, lichen planus

• **Renal and urinary disorders**

-glomerulopathy, increased creatinine levels

• **Vascular disorders:**

-vasculitis, hypotension

• **Gastrointestinal disorders**

-colitis (including ulcerative or lymphocytic colitis), pancreatitis, stomatitis

• **Musculoskeletal, connective tissue and bone disorders:**

-myalgia

OVERDOSAGE

Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. A single oral dose of clopidogrel at 1500 or 2000 mg/kg was lethal to mice and to rats and at 3000 mg/kg to baboons. Symptoms of acute toxicity were vomiting (in baboons), prostration, difficult breathing, and gastrointestinal hemorrhage in all species.

Recommendations About Specific Treatment:

Based on biological plausibility, platelet transfusion may be appropriate to reverse the pharmacological effects of PLAVIX if quick reversal is required.

DOSAGE AND ADMINISTRATION

Recent MI, Recent Stroke, or Established Peripheral Arterial Disease

The recommended daily dose of PLAVIX is 75 mg once daily

Acute Coronary Syndrome

For patients with non-ST-segment elevation acute coronary syndrome (unstable angina/non-Q-wave MI), PLAVIX should be initiated with a single 300 mg loading dose and then continued at 75 mg once daily. Aspirin (75 mg 325 mg once daily) should be initiated and continued in combination with PLAVIX. In CURE, most patients with Acute Coronary Syndrome also received heparin acutely (see **CLINICAL STUDIES**).

For patients with ST-segment elevation acute myocardial infarction, the recommended dose of PLAVIX is 75 mg once daily, administered in combination with aspirin, with or without thrombolytics. PLAVIX may be initiated with or without a loading dose (300 mg was used in CLARITY, see **CLINICAL STUDIES**). PLAVIX can be administered with or without food.

No dosage adjustment is necessary for elderly patients or patients with renal disease. (See **Clinical Pharmacology: Special Populations**.)

Disbursed by:

Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership
New York, NY 10016

sanofi-synthelabo



Bristol-Myers Squibb Company

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Brief Summary of Prescribing Information Revised August 2006

PLA-AUG06-B-AI

My One Big Shot

How a couple of bullies at school led me to the court

BY KAREEM ABDUL-JABBAR FROM "ON THE SHOULDERS OF GIANTS"

WHEN I WAS seven years old, I knew one thing for certain: I loved baseball and stunk at basketball. My passion for baseball originated with my baby-sitter, Mary Mitchell, who was a rabid fan and lived near both Yankee Stadium and the Polo Grounds. My mom also liked baseball and often listened to the play-by-play Brooklyn Dodger broadcasts by Red Barber. As a little kid in 1951, I watched Joe DiMaggio play his last season and Willie Mays play his first. I quickly learned to appreciate the hysteria that was New York baseball then.

My love of the game grew at the same rate as my body, and when I was finally old enough, I joined

Little League. The Inwood section of Manhattan, where I was raised, was just a few miles north of Harlem, and it was there that I played—both first base and outfield. Occasionally I also pitched. I was starting to grow so tall, however, that basketball was a choice I could no longer completely ignore.

Eventually, I ventured onto the court and tried a few shots.

I failed miserably. My father then took me to the public park.

"This is how you protect the ball," he said. He proceeded to elbow me in the face.

After that

"I was driven to become a team player, not a star," says the basketball legend.



one lesson, I abandoned basketball.

But two things brought me back to it: getting the snot beat out of me and seeing an amazing movie.

The physical beating took place in 1956, when I was nine. My parents had sent me to an all-black boarding school, Holy Providence in Corn-

A happy face seemed to
antagonize these kids,
so I stopped smiling.
I had to find refuge.

wells Heights, near Philadelphia. The school had about 30 boys and 100 girls, but the benefits of such a lopsided gender ratio were completely lost on a shy nine-year-old. Besides, my problem was with the boys. Though I was already a towering five feet eight inches, I was mild mannered and cheerful. I also excelled in my classes. With my parents' encouragement, I was reading several grade levels above the other fourth-graders and earning straight A's. Naturally, I was hated.

This hatred was expressed by the school bullies, a couple of pugnacious seventh-graders who were constantly on my case. The nuns were powerless to protect me. Then, two weeks before school let out in the spring, I was jumped in a narrow hallway. The bullies pummeled me relentlessly until they finally got tired and ran away. When my

parents came to pick me up, they noticed a distinct change in me. They said I didn't smile anymore.

It was true. I had changed. I'd learned not to joke around with the other students and not to volunteer answers in class. A happy face seemed to antagonize the bullies, so, yeah, I had stopped smiling. I'd had to find refuge on my own.

I found it on the court. Despite my lack of ability or interest, being on the team kept me away from the knuckle-dragging crew.

As a nine-year-old kid imprisoned in a grown man's body, I was all wobbly legs and gangly arms. I must have looked like a puppet being controlled by a drunk puppeteer. If my teammates passed the ball to me, I soon made them regret it. But no matter how badly I played the game, at least while I was on the court, no one was punching me in the face.

In one game, I was trapped by the other team and, having lost the dribble, was desperate to get rid of the ball. Unable to find an open teammate to rescue me, I glanced over my shoulder at the basket. Then I pivoted and tossed up a hook shot. It was an in-and-out miss. But that feeling—that sense of power and control as I was being swarmed yet still able to rise above them to take the shot—completely energized me.

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As featured on **60 Minutes**, **The Today Show**, and **Oprah**... Pure South African Hoodia Gordonii is the newest, most promising weight-loss enhancer available today.



If you're having trouble losing weight, you **MUST** try Pur-Hoodia Plus™! This amazing new dietary supplement combines the power of Pure South African Hoodia Gordonii and Green Tea, providing you with an all-natural appetite suppressant and metabolism booster so you can lose weight and inches safely and effectively.

As featured on **60 Minutes**, **The Today Show**, and **Oprah**... Hoodia Gordonii is a cactus plant native to South Africa containing an active ingredient that research has shown can reduce appetite by over 1200 calories a day while providing you with stamina, energy and a general "feel good" quality! After hearing about this amazing new "wonder cactus", **60 Minutes** traveled to Africa to find out for themselves about this amazing discovery. They were surprised at what they found! Since then other networks including ABC, NBC & the BBC have broadcast their own reports on the power of Pure Hoodia Gordonii and its ability to promote enhanced weight loss results.

Don't fall for cheap imitations! Pur-Hoodia Plus™ is made from the purest, most powerful South African Hoodia Gordonii and is now twice as effective! Now that the amazing ability of Hoodia has been made public many products have come out that claim to contain pure Hoodia Gordonii, but **BUYER BEWARE!** We are proud to say that Pur-Hoodia Plus™ contains only the purest South African Hoodia Gordonii.

What are you waiting for? Call now and try Pur-Hoodia Plus™ absolutely risk-free. Hoodia Gordonii is a proven new approach to weight loss, see for yourself and call today, 1-800-661-3615. Mention Discount Code# 200 and get your risk-free trial rushed out to you! With Pur-Hoodia Plus you can lose weight and feel great-GUARANTEED!



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Abdul-Jabbar's skyhook led him to 38,387 points, the most in NBA history.

By now I'd also seen the film *Go, Man, Go!* It told how Abe Saperstein, founder of the Harlem Globetrotters, saw a group of talented black kids playing basketball one day in 1926. He became obsessed with making them the greatest team ever. In the film, the Globetrotters played themselves. After watching them, I walked out of the darkened theater a changed boy.

I had seen what basketball, when played by the greats at the highest level, could be like. One scene really stood out. Marques Haynes, considered by many to be the best dribbler in the world in those days, maneu-

vered a basketball in a narrow hallway past another guy with such agility and flair that I knew I had to possess that skill.

Haynes was just six feet tall and 160 pounds; he made the bigger guys look foolish, like woolly mammoths. I started practicing my dribbling immediately. Over time, I focused on being the kind of big man who could move like Marques Haynes. Okay, I could never move like Haynes—but that was my goal. Better to be the quick hummingbird than the extinct mammoth, I figured.

As a nine-year-old kid at boarding school swarmed daily by bullies, and with no option but to become invisible, I found something on the basketball court. My skills gave me back a little of what I had lost: pride, self-respect and visibility. My parents took me out of that school after a year, but I kept practicing my hook shot.

For the next 33 years, I was always on a basketball team. And not just because of the height I ultimately grew to—seven-foot-two. The skyhook became my signature shot. I was never invisible again.

Kareem Abdul-Jabbar, a legendary player with the Milwaukee Bucks and the Los Angeles Lakers, was elected to the Naismith Memorial Basketball Hall of Fame in 1995.

rd.com To buy a copy of *On the Shoulders of Giants*, and to see our exclusive video of Abdul-Jabbar, visit rd.com/kareem.



Only BONIVA[®]
treats osteoporosis
with just one
pill a month.

"I can do that!"



If you have postmenopausal osteoporosis, BONIVA might be as right for you as it is for Sally Field.

Because only BONIVA is clinically proven to help build strong, healthy bones to prevent fractures with just one pill a month.

Unlike other treatments you have to take every week, Sally takes BONIVA once a month. BONIVA fits nicely into her routine.

And she's not alone. Research showed that 2 out of 3 women preferred the once-monthly dosing of BONIVA over a weekly treatment.*

Important Safety Information: You should not take prescription BONIVA if you have low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your healthcare provider if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the once-monthly BONIVA 150 mg dosing instructions carefully to lower the chance of these events occurring. Side effects are generally mild or moderate and may include diarrhea, pain in the arms or legs, or upset stomach. If you develop severe bone, joint, and/or muscle pain, contact your healthcare provider. Your healthcare provider may also recommend a calcium and vitamin D supplement.

Here's an easy way to get started on BONIVA: Ask your doctor for your first month free trial or call 1-888-362-2544.

For more information about BONIVA, please visit www.BONIVA.com.

Please read the Patient Information on the next page.

*In clinical studies versus Fosamax (alendronate sodium), a registered trademark of Merck & Co., Inc., efficacy was not assessed

BONIVA is a registered trademark of Roche Therapeutics Inc.



Pharmaceuticals



GlaxoSmithKline

once-monthly
Boniva[®]
ibandronate sodium
tablets
There's only one

BON653R0

Patient Information

BONIVA® [bon-EE-va] (ibandronate sodium) TABLETS

Rx only

Read this patient information carefully before you start taking BONIVA. Read this patient information each time you get a refill for BONIVA. There may be new information. This information is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or your treatment. Talk about BONIVA with your health care provider before you start taking it, and at your regular check-ups.

What is the most important information I should know about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers (see "What are the possible side effects of BONIVA?").

You must take BONIVA exactly as prescribed for BONIVA to work for you and to lower the chance of serious side effects (see "How should I take BONIVA?").

What is BONIVA?

BONIVA is a prescription medicine used to treat or prevent osteoporosis in women after menopause (see "What is osteoporosis?").

BONIVA may reverse bone loss by stopping more loss of bone and increasing bone mass in most women who take it, even though they won't be able to see or feel a difference. BONIVA may help lower the chances of breaking bones (fractures).

For BONIVA to treat or prevent osteoporosis, you have to take it as prescribed. BONIVA will not work if you stop taking it.

Who should not take BONIVA?

Do not take BONIVA if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for at least 1 hour (60 minutes)
- have kidneys that work very poorly
- are allergic to ibandronate sodium or any of the other ingredients of BONIVA (see the end of this Patient Information for a list of all the ingredients in BONIVA)

Tell your health care provider before using BONIVA:

- if you are pregnant or planning to become pregnant. It is not known if BONIVA can harm your unborn baby.
- if you are breast-feeding. It is not known if BONIVA passes into your milk and if it can harm your baby.
- have swallowing problems or other problems with your esophagus (the tube that connects your mouth and stomach)
- if you have kidney problems
- if you are planning a dental procedure such as a tooth extraction

Tell your health care provider (including your dentist) about all the medicines you take including prescription and non-prescription medicines, vitamins and supplements. Some medicines, especially certain vitamins, supplements, and antacids can stop BONIVA from getting to your bones. This can happen if you take other medicines too close to the time that you take BONIVA (see "How should I take BONIVA?").

How should I take BONIVA?

- Take BONIVA exactly as instructed by your health care provider.

- Take BONIVA first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine.
- Take BONIVA with 6 to 8 ounces (about 1 full cup) of plain water. Do not take it with any other drink besides plain water. Do not take it with other drinks, such as mineral water, sparkling water, coffee, tea, dairy drinks (such as milk), or juice.
- Swallow BONIVA whole. Do not chew or suck the tablet or keep it in your mouth to melt or dissolve.
- After taking BONIVA you must wait at least 1 hour (60 minutes) before:
 - Lying down. You may sit, stand, or do normal activities like read the newspaper or take a walk.
 - Eating or drinking anything except for plain water.
 - Taking other oral medicines including vitamins, calcium, or antacids. Take your vitamins, calcium, and antacids at a different time of the day from the time when you take BONIVA.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.
- Keep taking BONIVA for as long as your health care provider tells you. BONIVA will not work if you stop taking it.
- Your health care provider may tell you to exercise and take calcium and vitamin supplements to help your osteoporosis.
- Your health care provider may do a test to measure the thickness (density) of your bones or do other tests to check your progress.

What is my BONIVA schedule?

Schedule for taking BONIVA 150 mg once monthly:

- Take one BONIVA 150-mg tablet once a month.
- Choose one date of the month (your BONIVA day) that you will remember and that best fits your schedule to take your BONIVA 150-mg tablet.
- Take one BONIVA 150-mg tablet in the morning of your chosen day (see "How should I take BONIVA?").

What to do if I miss a monthly dose:

- If your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150-mg tablet in the morning following the day that you remember (see "How should I take BONIVA?"). Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- Do not take two 150-mg tablets within the same week. If your next scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150-mg tablet every month in the morning of your chosen day, according to your original schedule.
- If you are not sure what to do if you miss a dose, contact your health care provider, who will be able to advise you.

Schedule for taking BONIVA 2.5 mg once daily:

- Take one BONIVA 2.5-mg tablet once a day first thing in the morning at least 1 hour (60 minutes) before you eat, drink anything other than plain water, or take any other oral medicine (see "How should I take BONIVA?").

What to do if I miss a daily dose:

- If you forget to take your BONIVA 2.5-mg tablet in the morning, do not take it later in the day. Just return to your normal schedule and take 1 tablet the next morning. Do not take two tablets on the same day.

- If you are not sure what to do if you miss a dose, contact your health care provider, who will be able to advise you.

What should I avoid while taking BONIVA?

- Do not take other medicines, or eat or drink anything but plain water before you take BONIVA and for at least 1 hour (60 minutes) after you take it.
- Do not lie down for at least 1 hour (60 minutes) after you take BONIVA.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have:

- pain or trouble with swallowing
- chest pain
- very bad heartburn or heartburn that does not get better

BONIVA MAY CAUSE:

- pain or trouble swallowing (dysphagia)
- heartburn (esophagitis)
- ulcers in your stomach or esophagus (the tube that connects your mouth and stomach)

Common side effects with BONIVA are:

- diarrhea
- pain in extremities (arms or legs)
- dyspepsia (upset stomach)

Less common side effects with BONIVA are short-lasting, mild flu-like symptoms (usually improve after the first dose). These are not all the possible side effects of BONIVA. For more information ask your health care provider or pharmacist.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take, by mouth, bisphosphonate drugs to treat osteoporosis (thin bones). This group of drugs includes BONIVA. Most patients experienced relief after stopping the drug. Contact your health care provider if you develop these symptoms after starting BONIVA.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner. Thin bones can break easily. Most people think of their bones as being solid like a rock. Actually, bone is living tissue, just like other parts of the body, such as your heart, brain, or skin. Bone just happens to be a harder type of tissue. Bone is always changing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis causes the body to remove more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common in women after menopause. At first, osteoporosis has no symptoms, but people with osteoporosis may develop loss of height and are more likely to break (fracture) their bones, especially the back (spine), wrist, and hip bones.

Osteoporosis can be prevented, and with proper therapy it can be treated.

Who is at risk for osteoporosis?

Talk to your health care provider about your chances for getting osteoporosis.

Many things put people at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change")
- are white (Caucasian) or Asian

People who:

- are thin
- have a family member with osteoporosis
- do not get enough calcium or vitamin D
- do not exercise
- smoke
- drink alcohol often
- take bone thinning medicines (like prednisone) for a long time

General information about BONIVA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information. Do not use BONIVA for a condition for which it was not prescribed. Do not give BONIVA to other people, even if they have the same symptoms you have. It may harm them.

Store BONIVA at 77°F (25°C) or at room temperature between 59°F and 86°F (15°C and 30°C).

Keep BONIVA and all medicines out of the reach of children.

This summarizes the most important information about BONIVA. If you would like more information, talk with your health care provider. You can ask your health care provider or pharmacist for information about BONIVA that is written for health professionals.

For more information about BONIVA, call 1-888-MY-BONIVA or visit www.myboniva.com.

What are the ingredients of BONIVA?

BONIVA (active ingredient): ibandronate sodium
BONIVA (inactive ingredients): lactose monohydrate, polydextrose, microcrystalline cellulose, croscopollose, purified stearic acid, colloidal silicon dioxide, and purified water. The tablet film coating contains hypromellose, titanium dioxide, talc, polyethylene glycol 6000 and purified water.

BONIVA is a registered trademark of Roche Therapeutics Inc.

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All food wishes it were...
"M'm! M'm! Good!"

It has it all, and it's all delicious,
Tender pieces of beef, vegetables so nutritious
And with broth that's rich, it's our belief,
you'll love *Campbell's*
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M'm! M'm! Good!

POSSiBiLiTies



Q I trained a new hire, and at first he was very appreciative. He's hard-working and finishes assignments on time, but he's become very secretive and protective. We're at the same level and share some tasks, but when I ask him questions, he stalls. And if I send e-mails, he never answers them. I don't want to bitch to the boss, so how can I get this guy to open up?



OFFICE PAL

A Dear Pal,
This guy is not your friend; he's your rival. Talk, don't gripe, to your mutual boss about smoothing the workflow. But remember: Some people are more interested in getting ahead than getting along. You can't change this guy. Do unto him as you would have him do unto you, but watch your back—and go out for a beer with your real friends.

Q I live in a duplex. The lady upstairs is a school band director, and bangs the piano and blows a horn until midnight. Complain to the landlord? Tried that. He's her brother. What can I do to make my voice heard through the din? **EARACHE**

A Dear Earache,
I can't imagine an apartment so magnificent, convenient and inexpensive to justify such a noisy neighbor. A call to the cops might

quiet her down. Remind Big Bro landlord there are laws governing tenants' rights. Otherwise, tell him, "Thank your sister—I'm outta here."

Q I'm dating a woman with two sons in their 20s who live with her. They're good guys but neither helps around the house or contributes financially. She's a schoolteacher and does the shopping, cleaning and her class prep until 10 p.m. She's working herself to death. I've told her it's them or me. How can I get her to act? **FAIR SHARE**

A Dear Share,
The last thing this woman needs is another male making demands. If you really care about her and want to have a future with her, get in there and lend a hand—make dinner, vacuum the rug, wash

Jeanne Marie Laskas is the author of *Growing Girls* (Bantam).

the windows. Show her and her boys what a real man can do and be.

Q Like many working couples, my husband and I rarely go on vacation. When we do, he likes to visit family or old buddies so he can kick back and watch bowl games. But what kind of break is it for me if I have to play the perfect houseguest and be tied to someone else's lifestyle and schedule? What's your opinion?

GIMME A BREAK

A Dear Break, First, I'm prescribing an immediate girls' night out. You need to remember what fun feels like, sister. Breaks are not given so much as gotten. Go get one. Have some innocent fun, and when you get a big enough dose, bring your rejuvenated self to your hubby. Tell him how you define fun. Sit down with him and prepare your next vacation, making a "have fun" to-do list that is equal parts his and hers.

Q My parents are competitive and put pressure on me and my brother. All their friends have kids going to elite colleges, so they're pushing us to achieve the same. I love my parents, but sometimes they expect too much. I've tried talking to them, but they say I'm goofing off. Any advice?

TROPHY DAUGHTER

Questions about parents, partners or office politics? E-mail Jeanne Marie Laskas at advice@rd.com. Sending gives us permission to edit and publish.

A Dear Trophy, If your parents are competitive, challenge them to a debate. Set up a stage in your home, and lay down some ground rules. Everybody gets three minutes of uninterrupted talking to make his or her case. Each person is allowed two minutes for rebuttal. The topic: Are Mom and Dad pushing us too hard, or are we a couple of slackers? In the debate, score the point that it's not the undergraduate school that counts—it's a degree from the best *graduate* school that does. (Not a bad goal to keep in mind.) Mom and Dad will see you in a new light.

Question of the Month

Q My kids and I have had a hard two years. My wife left and my father died. Now I'm about to marry a wonderful woman, but I've begun to notice changes in my 15-year-old daughter. First, she began to have panic attacks. And lately, it seems she eats barely anything. Her hands and feet are as cold as ice. And she's started to wear her 13-year-old sister's clothes. What's wrong?

WORRIED SICK

A Dear Worried, Good for you for so astutely noticing the warning signs of an eating disorder. You need to get your daughter to her pediatrician at once for a full physical. Tell the doc of your suspicions. You could be saving your daughter's life.

The ball doesn't know how old I am.

MARTINA NAVRATILOVA
in Shape Your Self
(Rodale)

It's only when the tide goes out that you learn who's been swimming naked.

WARREN BUFFETT on Charlie Rose (PBS)

Life asks us to make measurable progress in reasonable time. That's why they make those fourth-grade chairs so small—so you won't fit in them at age 25.

JIM ROHN in Jim Rohn's Weekly E-zine

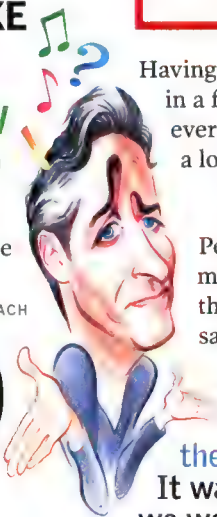
FLATTERY IS LIKE CHEWING GUM. ENJOY IT, BUT DON'T SWALLOW IT.

HANK KETCHAM

A synonym is a word you use when you can't spell the first word you thought of.

BURT BACHARACH

WHO SAID IT?



The beaten path is the safest, but the traffic's terrible.

JEFF TAYLOR,
founder of monster.com

Having children is like living in a frat house—nobody sleeps, everything's broken and there's a lot of throwing up.

RAY ROMANO
on Everybody Loves Raymond (CBS)

People will accept your ideas much more readily if you tell them Benjamin Franklin said it first.

DAVID H. COMINS

You have to remember one thing about the will of the people: It wasn't that long ago that we were swept away by the macarena.

JON STEWART

I'm not a businessman.
I'm a *business*, man.

- a) Donald Trump, Jr.
- b) Ben Cohen
- c) Jay-Z

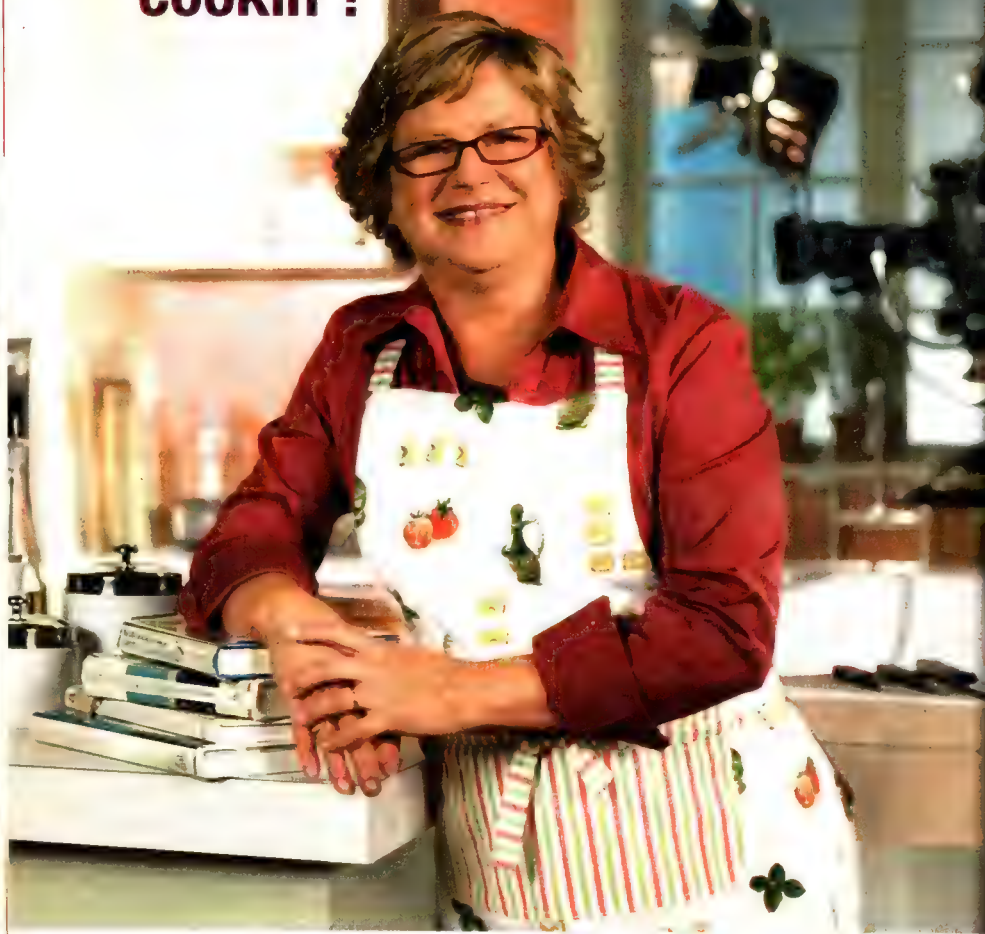
FOR ANSWER, SEE BELOW

For every action, there is an equal and opposite government program.

BOB WELLS

\$ We pay \$100 for the wit and wisdom of famous contemporary people. See page 146.

What's cookin'?



Merck/Schering-Plough
Patient
Assistance
Program

To find out if you qualify,
call 1-800-347-7503.



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A different way to help lower cholesterol.

The most common cholesterol-lowering medicines, statins, are a good option. My doctor says ZETIA is different. Statins work mainly with the liver. ZETIA works in the digestive tract, as do some other medicines. But ZETIA is unique in the way it helps block the absorption of cholesterol that comes from food.

A healthy diet and exercise are important, but sometimes they're not enough to get your cholesterol where it needs to be.

Ask your doctor if ZETIA is right for you.

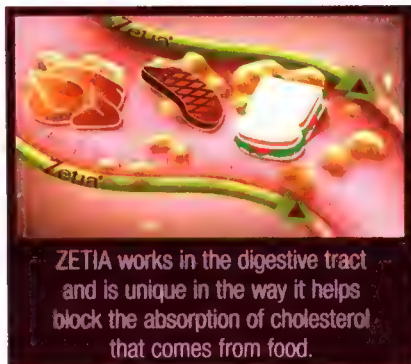
ZETIA has not been shown to prevent heart disease or heart attacks.

Important information: ZETIA is a prescription medicine and should not be taken by people who are allergic to any of its ingredients. If you have ever had liver problems, are nursing or pregnant or may become pregnant, a doctor will decide if ZETIA alone is right for you.

Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Common side effects included stomach pain and feeling tired.

For more information, call 1-800-98-ZETIA or visit zetia.com.

Please read the Patient Product Information on the adjacent pages.



A different way to help fight cholesterol

Zetia[®]
(ezetimibe) Tablets

ZETIA® (ezetimibe) Tablets

Patient Information about ZETIA (zēt'-ē-ă)

Generic name: ezetimibe (ē-zēt'-ē-mīb)

Read this information carefully before you start taking ZETIA and each time you get more ZETIA. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. If you have any questions about ZETIA, ask your doctor. Only your doctor can determine if ZETIA is right for you.

What is ZETIA?

ZETIA is a medicine used to lower levels of total cholesterol and LDL (bad) cholesterol in the blood. It is used for patients who cannot control their cholesterol levels by diet alone. It can be used by itself or with other medicines to treat high cholesterol. You should stay on a cholesterol-lowering diet while taking this medicine.

ZETIA works to reduce the amount of cholesterol your body absorbs. ZETIA does not help you lose weight.

For more information about cholesterol, see the "What should I know about high cholesterol?" section that follows.

Who should not take ZETIA?

- Do not take ZETIA if you are allergic to ezetimibe, the active ingredient in ZETIA, or to the inactive ingredients. For a list of inactive ingredients, see the "Inactive ingredients" section that follows.
- If you have active liver disease, do not take ZETIA while taking cholesterol-lowering medicines called statins.
- If you are pregnant or breast-feeding, do not take ZETIA while taking a statin.

What should I tell my doctor before and while taking ZETIA?

Tell your doctor about any prescription and non-prescription medicines you are taking or plan to take, including natural or herbal remedies.

Tell your doctor about all your medical conditions including allergies.

Tell your doctor if you:

- ever had liver problems. ZETIA may not be right for you.
- are pregnant or plan to become pregnant. Your doctor will decide if ZETIA is right for you.
- are breast-feeding. We do not know if ZETIA can pass to your baby through your milk. Your doctor will decide if ZETIA is right for you.
- experience unexplained muscle pain, tenderness, or weakness.

How should I take ZETIA?

- Take ZETIA once a day, with or without food. It may be easier to remember to take your dose if you do it at the same time every day, such as with breakfast, dinner, or at bedtime. If you also take another medicine to reduce your cholesterol, ask your doctor if you can take them at the same time.
- If you forget to take ZETIA, take it as soon as you remember. However, do not take more than one dose of ZETIA a day.
- Continue to follow a cholesterol-lowering diet while taking ZETIA. Ask your doctor if you need diet information.
- Keep taking ZETIA unless your doctor tells you to stop. It is important that you keep taking ZETIA even if you do not feel sick.

See your doctor regularly to check your cholesterol level and to check for side effects. Your doctor may do blood tests to check your liver before you start taking ZETIA with a statin and during treatment.

What are the possible side effects of ZETIA?

In clinical studies patients reported few side effects while taking ZETIA. These included stomach pain and feeling tired.

Very rarely, patients have experienced severe muscle problems while taking ZETIA® (ezetimibe), usually when ZETIA was added to a statin drug. If you experience unexplained muscle pain, tenderness, or weakness while taking ZETIA, contact your doctor immediately. You need to do this promptly, because on rare occasions, these muscle problems can be serious, with muscle breakdown resulting in kidney damage.

Additionally, the following side effects have been reported in general use: allergic reactions (which may require treatment right away) including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing, rash, and hives; joint pain; muscle aches; alterations in some laboratory blood tests; liver problems; inflammation of the pancreas; nausea; gallstones; inflammation of the gallbladder.

Tell your doctor if you are having these or any other medical problems while on ZETIA. For a complete list of side effects, ask your doctor or pharmacist.

What should I know about high cholesterol?

Cholesterol is a type of fat found in your blood. Your total cholesterol is made up of LDL and HDL cholesterol.

LDL cholesterol is called "bad" cholesterol because it can build up in the wall of your arteries and form plaque. Over time, plaque build-up can cause a narrowing of the arteries. This narrowing can slow or block blood flow to your heart, brain, and other organs. High LDL cholesterol is a major cause of heart disease and stroke.

HDL cholesterol is called "good" cholesterol because it keeps the bad cholesterol from building up in the arteries.

Triglycerides also are fats found in your blood.

General Information about ZETIA

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ZETIA for a condition for which it was not prescribed. Do not give ZETIA to other people, even if they have the same condition you have. It may harm them.

This summarizes the most important information about ZETIA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about ZETIA that is written for health professionals.

Inactive ingredients:

Croscarmellose sodium, lactose monohydrate, magnesium stearate, microcrystalline cellulose, povidone, and sodium lauryl sulfate.

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BREAK THROUGH!



Amazing discoveries, devices, tests and cures

» STOP AN EPIDEMIC!

SOON THERE may be a way to fight a pandemic before it has time to spread. The Hemopurifier, designed by Aethlon Medical, a small biotech company in California, is a blood-filtering device that removes viruses and toxins before infection attacks organs, using a method similar to dialysis.

The cool part: Treatment can begin without first identifying the infectious culprit. The

blood cleaner comes in two sizes and is used with portable pumps or dialysis machines. The smaller version is the size of a large pen. It can be attached to an artery in the arm by emergency medical personnel, using only needles, tubing and tape. After filtering of the blood is complete (within a few hours), researchers can begin to identify the germ or toxin from blood samples. Aethlon's CEO,



James A. Joyce, points out that it took about 90 days before the SARS virus was identified. With the Hemopurifier, you won't lose valuable time—and lives—while scientists in the laboratory try to figure out what they're dealing with.

» 1-2 YEARS

SUSAN DOREMUS



» BONE BUILDER?

If Spider-Man had gone to medical school, he could have made a fortune in orthopedics. That's because new research by Tufts University bioengineers shows that spider silk, combined with tiny glass beads called silica, creates a new material that could one day be used in growing and repairing human bones.

Spiders usually use their silk to make webs and catch prey, and scientists have long studied the benefits of the flexible, strong fibers. The new "fusion" material promises to improve the quality of bone implants in surgery. Earlier research on spider silk suggests it can be used in many products, including surgical sutures, body armor and even artificial ligaments for people with knee injuries. » **5+ YEARS**

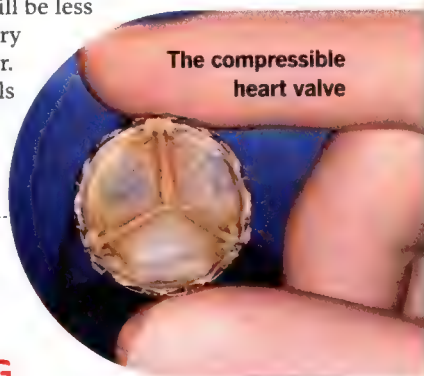
NEENA SAMUEL

» EASIER HEART SURGERY

NEARLY 100,000 people undergo chest-cracking open-heart surgery to replace heart valves each year. But a less invasive technique may become the new standard. As with angioplasty, doctors enter the body through a groin vessel, thread tools and devices into the heart (the valve itself compresses to the diameter of a pencil), and operate while watching live images from an echocardiogram and x-ray machine. The procedure will make valve repair or replacement feasible for sick patients who can't handle the stress of open-heart surgery (as well as those reluctant to undergo it the old-fashioned way), possibly doubling the number who can be helped. It will be less painful, and recovery time will be quicker. Investigational trials are under way.

» **4-5 YEARS**

LISA FIELDS



» BETTER BREAST CANCER SCREENING

A NEW ultrasound technique lets radiologists distinguish between malignant and benign breast lesions. By using elasticity imaging, researchers accurately identified harmless and cancerous lesions in almost all of the 80 cases studied. An estimated 213,000 women are diagnosed with breast cancer in the

U.S. annually, and early detection is their best hope. "If our results can be reproduced in a large multicenter trial," says Richard G. Barr, MD, of Northeastern Ohio Universities College of Medicine, "this technique could significantly reduce the number of breast biopsies required." » **1 YEAR**

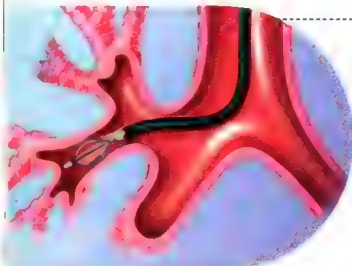
FRAN LOSTYS

**BREAK
THROUGH!**

▶ MEDICATION MATCH GAME

SCIENTISTS SEEKING new treatments for diseases can access an online tool developed by researchers at the Broad Institute of MIT and Harvard. The Connectivity Map matches diseases with compatible drugs, based on the genetic profiles of both. The creators relied on Human Genome Project data, and the results should help researchers discover new applications for existing medications. So far, about 160 drugs and compounds are cataloged, and a few new uses for existing drugs have been suggested. Eventually, all FDA-approved drugs should be included. ▶ **NOW**

LISA FIELDS



▶ NEW WAY TO FIGHT ASTHMA

SOME 20 million Americans (about a third of them kids) suffer from asthma, but a new 30-minute outpatient procedure called bronchial thermoplasty may help. A bronchoscope, a flexible tube, is inserted into the mouth or nose and then guided into the

lungs. Radiofrequency energy is sent through a catheter and heats the airway to about 150 degrees. That reduces the amount of muscle in the air passage without causing long-term damage or scarring. And with less muscle, there's less chance of airway constriction or spasm. Thus: relief!

In studies, most patients who received the therapy breathed more easily, needed fewer meds and had more symptom-free days, says British researcher Gerard Cox, MB. A larger trial is under way. ▶ **3-5 YEARS**

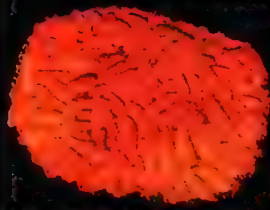
FRAN LOSTYS

▶ SMALL- POX CURE

But wasn't that disease killed off a long time ago? While the smallpox virus was officially stamped out in 1980, unknown samples of the virus may still be out there. And if they ended up in terrorists' hands, the results could be devastating, infecting thousands, possibly millions, of people. Up to a third would die.

Now scientists may have found a cure for smallpox. The new drug, SIGA-246, currently in the final stages of development and testing, not only safely protects against the disease but also can treat it and stop an outbreak in its tracks. The drug would also work for relatives of the virus, like monkeypox and cowpox, which could someday mutate and become just as dangerous as smallpox. ▶ **1-3 YEARS**

CYNTHIA DERMODY



A smallpox virus

(LEFT) COURTESY ASTHMATX, INC.; (BELOW) DR. P. A. MURPHY/VISUALS UNLIMITED/GETTY IMAGES

» COLD, COLD HEART

MORE CARDIAC ARREST patients are walking out of the hospital thanks to a “cool” procedure (three-quarters of them used to die). Medically induced hypothermia means cooling the blood and body five to eight degrees when oxygen flow to the brain and body has stopped or slowed. Combined with better CPR and more aggressive hospital care, it substantially improves the odds of survival and prevents brain damage, according to new research. Today, half to two-thirds of those people are alive and well.



“For years we didn’t see much improvement in patients who suffered cardiac arrest out of the hospital,” says Mary Fran Hazinski, RN, spokeswoman for the American Heart Association. “Now we’ve seen

a dramatic shift, and hypothermia is one of the reasons.” More than a quarter of U.S. doctors use the procedure, and more are expected to as further data becomes available. » **NOW**

CYNTHIA DERMODY

» BLOOD BACKUP

WHEN IT COMES to emergency transfusions, blood may someday get the boot. Scientists are developing substitutes that could be used everywhere from ambulances to battlefields.

The oxygen-carrying resuscitative fluids are ideal for emergency, war and disaster scenarios because unlike real

blood, they have a long shelf life, can be stored at various temperatures and may be given to anyone, regardless of blood type. Made from chemically modified hemoglobin, the fluids are also nontoxic and disease free.

PolyHeme, a substitute derived from human red blood cells, is being submitted for FDA approval. Meanwhile, the Navy is urging more studies of

» MICROCHIP FOR MEDS

Do you sometimes forget to take your pills? MicroCHIPS, Inc., of Bedford, Massachusetts, has developed a device that can be preloaded with up to 100 doses of medicine, implanted in the body and programmed to administer the drug via wireless signals. The new system has been designed primarily to help deliver medicines that are less effective when taken orally. It has been successful in preliminary tests with dogs. » **5 YEARS**

LINDSAY MILLER



Hemopure, a blood substitute made with bovine hemoglobin. Some blood substitutes have been linked to increased risk of heart attack and stroke, so more research is needed. » **1-3 YEARS**

LAURA MCCLURE

Little Kate's twisted spine was squeezing her lungs, threatening to kill her. Now, with a new expandable titanium rib, she has

BREATHING ROOM

BY LISA COLLIER COOL

A

AFTER BEING IN LABOR ALL NIGHT, Lynn Rueckert was exhausted when her baby finally arrived, at 6:45 a.m. on July 18, 2003. As her husband, Jack, cut the umbilical cord, the new parents realized something was wrong. There were a lot of doctors and nurses in the delivery room, whispering to one another as they examined the six-pound nine-ounce girl. "They let me hold her briefly, and I saw that she didn't look quite right," says Lynn, 33. "When they took her away for tests, I was terrified and couldn't stop crying."

Several hours later, the Rueckerts learned that their daughter, named Kate, had significant scoliosis: Her spine twisted 30 degrees to the right, causing her back to hunch. What's more, her thumbs were tucked into her palms, the middle finger on her left hand was bent toward her wrist and she had a clubfoot. At first, doctors thought Kate might have Down syndrome, but she was later diagnosed with arthrogryposis, a rare birth



**BREAK
THROUGH!**

Kate Rueckert's
high-tech device
gives new hope
for her rare
birth defect.

defect that affects muscles and joints.

Over the next few months, Kate's fingers loosened up, thanks to physical therapy. But the scoliosis made it hard for her to eat, since her contorted bones squeezed her stomach. "We had to fight for every calorie because she vomited very easily," says Lynn, a Kewaunee, Wisconsin, stay-at-home mom who also has a six-year-old daughter, Alexandra. "Every day was horribly stressful. We fed Kate eight times a day through a tube, and most of it came back up. She'd gag if we gave her anything thicker than yogurt." The little girl grew painfully thin and gasped at the slightest exertion, such as reaching for a toy.

Kate's situation was dire. The Rueckerts searched for a specialist who could help and found Kenneth Noonan, MD, a pediatric orthopedic surgeon at University of Wisconsin Children's Hospital. When he examined Kate in 2004, her spine curved 90 degrees. "Such extreme scoliosis in an infant is potentially fatal, because there was very little room in her chest for her lungs to develop. As she got older, they'd stay very small, which could cause restrictive lung disease. Without effective treatment, she was likely to die by age 15 to 20."

For a few months, Dr. Noonan tried body casts, a spine-straightening treatment that's been used for over 40 years. But Kate didn't improve, Lynn says. "Her head leaned on her shoulder, and she couldn't look up." Kate found ways to compensate for her disability, however. She figured out how

to turn on the TV with her toes, rolled from room to room, then zipped around on her bottom with such enthusiasm that her parents nicknamed her Scooter. When she finally learned to crawl, at 18 months, she looked like a tiny bulldozer because her forehead glided on the floor.

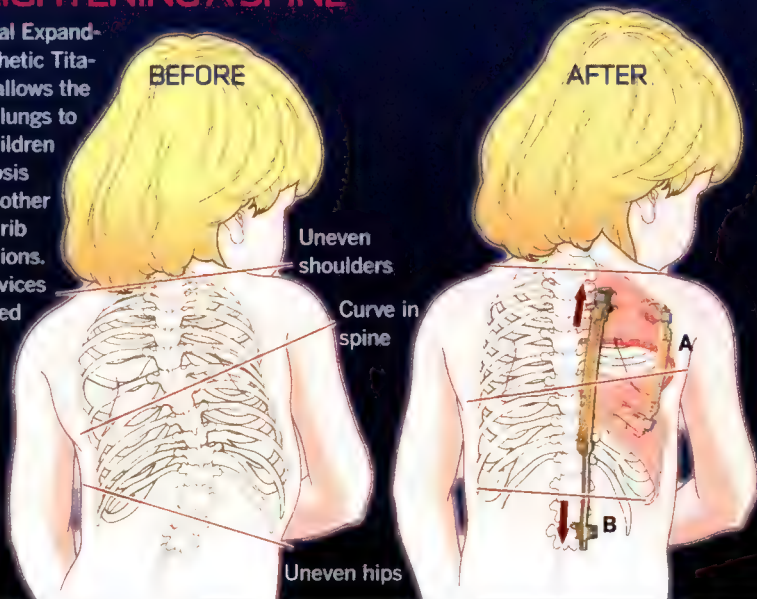
IN 2005, DR. NOONAN suggested a surgical treatment that had been approved by the FDA the year before: implanting an artificial rib called a Vertical Expandable Prosthetic Titanium Rib (VEPTR). The nine-inch-long device has hooks on either end, the doctor explained: "It's attached to a rib at the top of the curve and the spine at the bottom, then acts like a jack to stretch the bones to the correct position." There were several risks, including bone fractures, infections and the possibility of spinal cord or nerve damage. And Dr. Noonan had never done the operation before.

"We were scared and nervous, but we trusted Dr. Noonan," says Lynn. She and Jack, a nuclear plant operator, researched the rib, which has been used in more than 300 cases nationwide. They learned that in cases like Kate's, the VEPTR is a huge advance over previous scoliosis surgeries, which can cause spinal fusion. That's okay for a teenager who has finished growing but not for a toddler like Kate.

To prepare for the procedure, the doctor flew to Texas to train with the device's inventor, Robert Campbell, MD, and also asked another surgeon who was highly experienced in the

STRAIGHTENING A SPINE

The Vertical Expandable Prosthetic Titanium Rib allows the chest and lungs to grow in children with scoliosis or certain other chest and rib malformations. VEPTR devices are attached between two ribs (A) or to a rib and the spine or pelvis (B).



technique to assist with Kate's August 2005 operation.

Lynn and Jack braced themselves for a five- to six-hour wait as Dr. Noonan worried whether Kate's bones were tough enough to accept the device easily. "We were almost scared to hope too much," says Lynn. So when the doctor came back sooner than expected, they panicked, thinking something was wrong. But the procedure had gone smoothly. The Rueckerts visited Kate in the ICU. "We were amazed. She'd straightened so much that she looked two inches taller. And her cheeks weren't bright red anymore because she could breathe normally." She spent a night in the ICU, as a precaution, and four days in a regular room.

Since then, Kate, now three, has returned to Dr. Noonan twice to have

the rib expanded by making a small incision, loosening a screw and rotating the VEPTR like a car jack. It will be adjusted every four to six months as she grows and, most likely, will be removed when she's older.

A friendly girl who loves to play with My Little Ponies, make up songs with her sister and scribble in coloring books, Kate recently took her first steps. Lynn cheered the accomplishment and rejoices to hear her daughter, whose appetite is much better, say, "Mommy, I'm hungry."

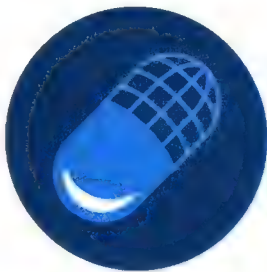
But Kate has loftier ambitions. She imitates everything in her sister's ballet class, though she can't make leaps and pirouettes—yet. "I want to jump to the moon," she boasts. "Then people would clap and say, 'Hooray for Kate!'" ■

BREAK THROUGH!

EXCITING NEW DRUGS

CERVICAL CANCER

The vaccine Gardasil (Merck), for girls and women 11 to 26, prevents infection from four strains of human papillomavirus (HPV), the main cause of cervical cancer.



SHINGLES Anyone who's had chickenpox is susceptible to the painful disease shingles. The Zostavax vaccine (Merck) is recommended for people over 60 at greatest risk.

WHOOPIING COUGH

The vaccine we get as babies wears off after about seven years, so we now have Sanofi Pasteur's Adacel (for people ages 11 to 64) and GlaxoSmithKline's Boostrix (for those ages 10 to 18).

CANCER Zolinza (Merck), a new medicine for cutaneous T-cell lymphoma, is also being studied for other types of cancer, including leukemia.

DIABETES Januvia (Merck), a once-daily pill for type 2 diabetes, is the first of a new class of medicines that enhance the body's ability to control blood sugar.

With Exubera (Pfizer), a fast-acting needle-free insulin, diabetics simply puff on the asthma-type inhaler before eating to deliver insulin quickly, regulating blood sugar.

HEART One pill, three impressive jobs: The beta blocker Coreg CR (GlaxoSmithKline) reduces blood pressure and treats heart failure as well as post-heart-attack problems.

SMOKING In trials, 44% of smokers who took prescription Chantix (Pfizer) for three months kicked the habit, versus 30% who used other drugs and 18% on a placebo.

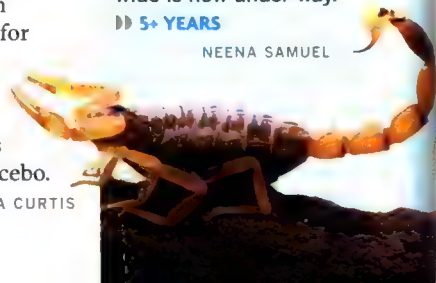
▶ **NOW** PATRICIA CURTIS

CANCER-CURING CREATURE

A scorpion's sting can be deadly, but scientists are now discovering that the poison may also be life-saving. Researchers are using a man-made version of the venom of Israeli yellow scorpions to treat gliomas, aggressive brain tumors that are hard to fully remove by surgery alone. Of the 17,000 Americans diagnosed annually, only 8% survive for two years. A protein in the venom selectively binds itself to cancerous cells while bypassing the surrounding healthy ones. Combined with radioactive iodine and injected into the body, the venom targets and destroys the offending cells. Early results show that the treatment is safe and extends life in some patients, so a larger study with 54 people nationwide is now under way.

▶ **5+ YEARS**

NEENA SAMUEL



(LEFT) ILLUSTRATED BY HEADCASE DESIGN. (BELOW) BOUKY BOAZ/ISRAELI IMAGES

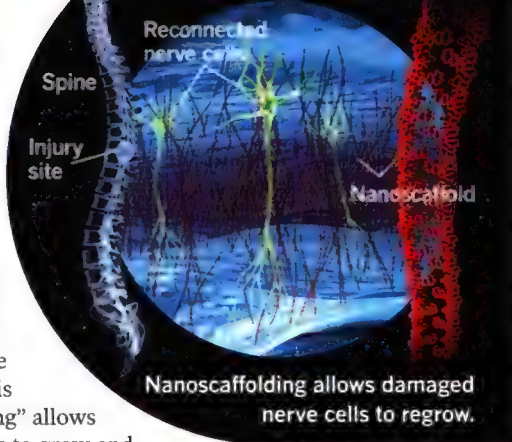
» NANO-KNITTERS FOR NERVES

RESearchers at MIT have found a way to restore vision in brain-damaged rodents. The innovative procedure uses nanotechnology to spur growth in damaged nerve cells. Scientists say the technique could someday be used to restore speech, hearing, vision and movement in people affected by stroke, brain trauma and spinal cord injuries.

How does it work? A clear liquid of amino acids is injected into the injured part of the brain. The amino acids

assemble into a mesh-like structure that's similar to the body's connective tissue. This "scaffolding" allows nerve cells to grow and reconnect, restoring lost communication between the brain and the body.

MIT neuroscientist Rutledge Ellis-Behnke tested the solution in hamsters with severed optic tracts. Within 24 hours, the injured nerve cells began to regrow in



both young and adult rodents. "The brain started to heal," Ellis-Behnke says. "We have never seen that before." Six months later, 75% of the animals had regained functional vision.

» **5+ YEARS** LAURA MCCLURE

» THE ANTI-AGING PILL

WHAT IF there were a pill you could take to ward off the diseases that come with aging? Researchers at the National Institute on Aging and Harvard University may have found the answer: resveratrol, a substance found naturally in red wine. Even though scientists fed mice a high-fat diet, a daily dose of resveratrol protected them from diabetes, and they lived longer than mice who didn't get any. It's still unclear exactly how resveratrol works, but it seems to mimic the life-lengthening benefits of calorie restriction. No matter how much red wine you drink, it would be tough to get enough resveratrol (not to mention the side effects of alcohol), so pharmaceutical companies are looking to develop a specially formulated pill form. More research is needed to determine if the effects would be the same in humans, but if they are, we'll drink to that! » **5 YEARS**

PATRICIA CURTIS





**BREAK
THROUGH!**

BRAIN POWERED

A wave of new advances shows
how the mind affects
health in ways we never imagined

BY DAN FERBER, PhD

IT'S BEEN A VERY GOOD YEAR FOR THE BRAIN—that three-pound wrinkled lump of gray matter that directs our movements, thoughts and memories, our loves, hopes and dreams. It's the organ that makes us who we are. It can also make us *lose* who we are, through degenerative diseases like Alzheimer's, which affects almost half of those who live past 85. And now we know it has far more to do with our overall health than we ever imagined.

A recent wave of breakthrough technologies has yielded unprecedented insight into how our brains work, and a better grasp of how they go wrong. That, in turn, has led to new targeted treatments designed to fix malfunctions. Science is also revealing the surprising power of the mind, when used correctly, to heal the body. Here are some of the mind-boggling findings.



» MAPPING THE BRAIN

September 2006 marked a major milestone for our nogginns, with completion of the Allen Brain Atlas, the first gene map of the brain. It all started in 2002, when billionaire philanthropist Paul Allen, cofounder of Microsoft, gathered some of the world's top scientists and charged them with finding an innovative new way to accelerate our understanding of the brain. From that he committed \$100 million and established the Allen Institute for Brain Science in Seattle.

Using custom-built robotics and software, 60 full-time researchers tested 250,000 preserved slices of mouse brain, which resembles the human one enough that most discoveries would also hold true for us. They generated a volume of raw data that revealed where in the brain each of the mouse's 21,000 genes was activated. (Different types of brain cells activate different sets of genes, producing a unique roster of proteins that enables each cell to do its job—storing memory, directing movement or some other task.)

The map revealed that about 80 percent of the body's genes are turned on in the brain—more than anyone had expected. That means if pharma companies are not careful, drugs targeted to other organs could have unwanted side effects in the brain. The map also uncovered evidence that could help reveal what goes wrong in complicated brain disorders such as schizophrenia and autism.

The result is a 3-D virtual mouse brain atlas (brain-map.org) that does for neuroscientists what a survey map pinpointing gold deposits does for miners: It lets them hightail it to where the action is and start digging, says David Anderson, PhD, a professor of biology at California Institute of Technology and a project advisor.

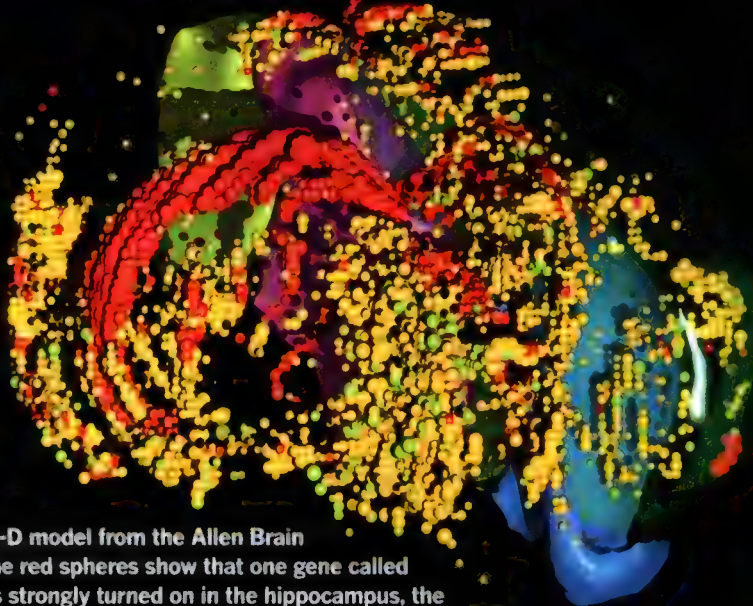
» MEMORY GENES

Scientists are already striking gold thanks to the Allen Brain Atlas. Dietrich Stephan, PhD, who directs neurogenomics research at the Translational Genomics Research Institute (TGen) in Phoenix, has used it to learn more about a gene called Kibra, which affects our short-term memory. The Atlas revealed that the gene was activated in the hippocampus, a small sea-horse-shaped brain structure that helps store memories. TGen plans to market drugs to reduce age-related memory loss, including the common short-term sort that causes senior moments and lost car keys.

» PROGRESS ON ALZHEIMER'S

Today's Alzheimer's drugs improve memory, buying many patients several years of mental clarity, but brain cells still die and patients decline. New experimental drugs, in contrast, are designed to get to the root of the problem, blocking the suspected bad actor, a molecule called beta amyloid, from forming clumps and killing brain cells.

Anna Hickerson, 71, of rural Indianola, Oklahoma, already considers



In this 3-D model from the Allen Brain Atlas, the red spheres show that one gene called *Manla* is strongly turned on in the hippocampus, the area of the brain involved with learning and memory.

one of those drugs a success. Three years ago, she'd lose track of orders in the flower shop she ran with her husband, James Hickerson, 75. She'd forget the day of the week and got lost so often, she quit driving. Ralph Richter, MD, a clinical professor of neurology and psychiatry at the University of Oklahoma College of Medicine in Tulsa, diagnosed her with early-stage Alzheimer's.

In November 2004, Anna enrolled in a Phase III clinical trial for Alzhemed, an experimental drug made by Neurochem, a small drug company in Montreal. The drug seems to have stopped her decline. Today, after more than two years on the medication, she arranges flowers for church services, drives 23 miles on her own to shop in

a nearby town, and rarely gets lost. "I'm more clear and I feel better about myself," Anna says. "It's been a real blessing," says her husband.

Researchers reported encouraging Phase II trial results on Alzhemed in a neurological journal last year. Patients, on average, maintained their score on a 30-point standard test of mental function. (Patients on today's medications typically lose three points a year.) Alzhemed also reduced the level of beta amyloid (the bad stuff that kills brain cells) in the cerebrospinal fluid, suggesting that there's less of the bad stuff inside the brain as well. The results of the North American Phase III trial are expected this spring and may provide solid evidence that the drug works. Similar



Michael Kaplitt, MD, found a new way to deliver genes to the brain.

trials of no less than eight different drugs from other companies will finish within two to five years and also look promising.

» GENE DELIVERIES

Targeted gene therapies could help patients with brain diseases that drugs alone cannot heal. Such therapies deliver healthy genes to parts of the body where faulty ones are wreaking havoc. In the past, gene therapies turned out to be more dangerous than scientists had expected, and the death of an Arizona teenager in a 1999 clinical trial set the field back years. But a new method of gene delivery to the brain, via a harmless virus called adeno-associated virus (AAV), has proved

safe in early human trials.

One AAV therapy may ease advanced Parkinson's disease by repairing an overactive brain circuit that causes typical symptoms of slowness and rigidity. That circuit acts like a brick on a car brake, interfering with the patient's ability to move. Brain surgeons currently remove that brick by implanting a pacemaker-like device that overrides this circuit. But the treatment, called deep brain stimulation, requires three months of weekly visits to a specialized neurosurgery facility, which is tough when you live hundreds of

miles away, says neurosurgeon Michael Kaplitt, MD, of Weill Cornell Medical College.

Dr. Kaplitt's AAV therapy removes the brick from the brake by delivering a neurochemical called GABA into brain cells. In a safety trial that ended in 2006, the gene therapy proved safe. At the highest levels, it helped patients as much as deep brain stimulation. If this proves effective in a larger trial, someday an advanced Parkinson's patient could have brain surgery, get a gene implanted in precisely the right spot and go home a couple of days later. "Our hope is to bring this type of therapy to a much larger audience of patients in need," Dr. Kaplitt says.

Since his trial, other AAV gene

therapies have been used in six early trials: three for Parkinson's, two for lethal pediatric brain disorders and one for Alzheimer's. If they continue to prove safe and show positive results, we'll be able to treat some of the most devastating brain disorders.

» BRIDGING THE BLOOD-BRAIN BARRIER

Scientists have begun to overcome one of the biggest obstacles to treating brain disease: getting drugs into the brain. Ninety-eight percent of candidate drug compounds do not pass from the bloodstream into the brain, even though they move easily into other organs, says William Pardridge, MD, a professor of medicine at University of California, Los Angeles. As a result, good drugs for brain disorders are few and far between.

Would-be drugs fail because the walls of the brain's blood vessels act like border-crossing guards after a code-red terror alert: They allow only molecules that have essential business in the brain to cross. To get his drugs past the hypervigilant guards, Dr. Pardridge turned to smuggling. He uses genetic engineering to link potentially helpful brain drugs to a specific kind of antibody that is welcomed and escorted into the brain.

In a 2006 study, one such hybrid drug reduced brain damage by two-thirds in rats when given two hours after a simulated stroke. The drug contains a normal brain protein that stimulates cells to thrive but is normally too scarce to prevent stroke-induced

brain damage. Such brain-cell-saving drugs are desperately needed to protect stroke patients from brain damage, but over the past decade, none have passed muster in clinical trials. ArmaGen Technologies, which Dr. Pardridge founded to commercialize the technology, plans a human safety trial on the new stroke drug in late 2007.

The smuggling strategy could work with any brain drug, Dr. Pardridge says, and ArmaGen is developing drugs for Alzheimer's, Parkinson's and a class of hereditary brain diseases that cause birth defects, mental retardation and other severe problems.

» HOW YOUR MIND HEALS YOU

In one of brain biology's most amazing advances, scientists have found that our brain may actually help our immune system fight disease. It took 20 years of careful experiments for Kevin Tracey, MD, to see it that way. It also took a very special patient—an 11-month-old girl named Janice. "She changed my life," says Dr. Tracey, a neurosurgeon, immunologist and director of the Feinstein Institute of Medical Research in Manhasset, New York.

In the spring of 1985, Dr. Tracey was a surgeon in training at New York Hospital, treating patients for such things as gunshot wounds, head injuries and infection, when Janice was admitted. She had been crawling on the kitchen floor of her grandmother's Brooklyn apartment when her grandmother, who was cooking

pasta, tripped over her and spilled a ten-quart pot of boiling water onto the baby girl. Dr. Tracey cared for the girl, who had suffered second- and third-degree burns over 75 percent of her body. A week after she was admitted, Janice developed severe sepsis, a condition in which the immune system massively overreacts to a bacterial infection, indiscriminately training its cannons on the body's own tissues.

For the next two and half weeks, Janice lay clinging to life in her hospital

testines—stops severe sepsis. It does so by using neurochemicals to signal immune cells, which prevents them from releasing alarm molecules that spur inflammation and cause damage. In a 2006 study, he discovered a brain circuit that could stimulate the vagus nerve to switch off inflammation.

Taken together, the studies demonstrated a hard-wired connection between the brain and immune system that Dr. Tracey calls the “inflammatory reflex.” Normally, when inflam-

WE MAY BE ABLE TO LEARN TO CONTROL OUR OWN BRAINS TO CALM INFLAMMATION AND FIGHT DISEASE.

bed, as Dr. Tracey and his colleagues tried one heroic measure after another to revive her. She recovered enough to celebrate her first birthday in the burn unit with her parents, her grandmother and the medical staff, and was expected to be discharged soon. Then, the next day, her heart stopped suddenly and she died. “She’s the only patient I ever had nightmares about,” Dr. Tracey says. “She shouldn’t have died.”

No one knew then what caused severe sepsis, so, inspired by Janice, Dr. Tracey set out to learn. Two decades later, his work is paying off. In a series of studies since 2000, he’s shown that stimulation of the vagus nerve—a major nerve that runs from our brainstem to our belly and regulates our heartbeat, breathing and in-

flammation spreads, the brain tells the immune system to turn it down. In patients like Janice with severe sepsis, that reflex fails.

Drugs that activate the reflex could one day reduce chronic low-grade inflammation—the kind that causes Crohn’s disease and rheumatoid arthritis, and contributes to heart disease. Meditation might help, too, says Dr. Tracey. People can learn to slow their heartbeat by modifying vagus nerve activity, which suggests they might be able to control their own brains to calm inflammation and fight disease. “It’s the most exciting thing I’ve ever worked on,” he says.

Calming the mind and body might even slow the spread of some cancers. The stress hormone norepinephrine

can spur lab-grown cancer cells to release two compounds that help them move through the body and then metastasize, according to a study in the November issue of *Cancer Research* by virologist Ronald Glaser, PhD, of Ohio State University Medical Center. A third compound that's released helps supply growing tumors with nutrients. So reducing stress may prove a cancer fighter.

» BUFF UP YOUR BRAIN

Studies like Glaser's and Dr. Tracey's have "given credibility to mind-body approaches, which had been rejected and ignored by the scientific and medical communities," says Esther Sternberg, MD, director of the Integrative Neural Immune Program at the National Institute of Mental Health. Now scientists and doctors have begun taking the next step, harnessing the immense powers of

the human brain to help people heal themselves.

For example, using special fMRI scanners and software that allowed patients to see their own brain activity, scientists at Stanford University and Omneuron, a biotech company, trained participants to reduce chronic pain by just visualizing it and learning to control it. Some were able to decrease it by more than 40 percent, says pain expert Sean Mackey, MD, one of the study leaders.

Dr. Mackey foresees a day when doctors might use such imaging to train us to ease depression, battle addiction or overcome phobias. And years from now, he says, we may head to a real-time brain-imaging center the way we go to the fitness center today, and buff up parts of our brain that improve performance, memory and even intelligence. Now, that would be a real no-brainer.

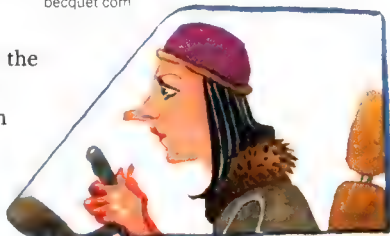
DRIVEN TO DISTRACTION

At a family reunion, my cousin recalled the day his wife gave birth. As he excitedly described the trip to the hospital, someone asked, "What would you have done if the expectant mother had developed complications during the car ride?"

"What do you think?" replied my cousin. "I would've slid over and taken the wheel."

becquet.com

Many morning commuters can share the frustration I felt when I got behind a driver going the minimum 45 mph on the interstate. But one look at her license plate made me realize she, too, was a victim of her driving. It read "ALRDYL8." TAMMI MARKING



BREAK THROUGH!

NEW HOPE FOR SICK BABIES

EACH YEAR, about 8,000 more babies are added to the 764,000 children and adults in the United States who suffer from cerebral palsy. Until now, there was no treatment. But a new study has found that cooling the bodies and blood of high-risk full-term babies shortly after birth

may significantly reduce their chances of disability or death.

Cerebral palsy can be caused when the brain is starved of oxygen at birth. It often takes hours or days for dangerous chemicals to build up and kill the brain cells that control motor function. Bring-

ing the brain's normal temperature down four degrees slows the buildup and prevents damage.

In the study of 208 babies, only 44% who received cooling died or developed a disability, compared with 62% of those who received normal care. "This is the most promising treatment we have today," says study author Seetha Shankaran, MD, of Wayne State University, Children's Hospital of Michigan. **▶ NOW**

CYNTHIA DERMOODY

A JUICY CURE FOR PROSTATE CANCER

HERE'S A POSSIBLE TREATMENT for prostate cancer that's a pleasure to take: a glass of pomegranate juice. Researchers at UCLA measured patients' prostate-specific antigen (PSA) blood levels, which help indicate the presence of cancer. They found that drinking eight ounces of the tangy juice daily significantly slowed rising PSA levels in patients previously treated for the disease. Additional clinical trials are planned to confirm the

results, but the preliminary research looks promising for the roughly 235,000 men who are diagnosed with prostate cancer each year.

▶ 3-5 YEARS

LISA FIELDS

GOOD NEWS FOR PAIN

Potent pain medications often cause side effects like nausea and constipation, so some patients get grief along with relief. But scientists have changed the way narcotic drugs behave by activating only the receptors that relieve pain and bypassing those that cause gastrointestinal trouble. New, specially designed medications are being tested in clinical trials for end-stage cancer patients. The hope is that anyone needing a painkiller could benefit.

▶ 1 YEAR

LISA FIELDS



» A "FEEL" FOR ROBOTIC SURGERY

Using medical robots for minimally invasive procedures from heart to prostate surgery has improved patients' recovery times as well as surgeons' precision. However, a common complaint of docs learning the techniques is the lack of sensitivity, or "feel," in the fingers that they had when wielding a scalpel.

A new solution called electronic skin (on glass, below) is being developed at the University of Nebraska. When the thin-film sensor touches a surface, such as tissue inside the body, it "reads" the texture and activates transducers on the surgeon's glove to give the sensation of touch. This may improve the outcome of minimally invasive surgery by detecting cancerous tissue in the GI tract and calcification in the arteries early on.

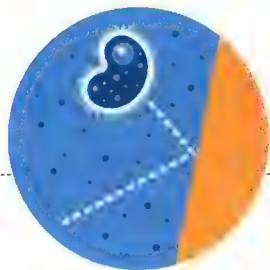
» 3-5 YEARS

FRAN LOSTYS

» GERM-KILLER COATING

GERM-PHOBES, rejoice: Hospital waiting rooms could soon be killing germs, not breeding grounds, for viruses and bacteria. Researchers at North Carolina State and Emory University have developed a thinner-than-microscopic protective layer, called nano-coating, that can be applied to almost any surface. It kills 99.9% of most microbes through a chemical reaction caused by exposure to

visible light. "We can put the coating on hospital furniture, on drapes—the potential is vast," says Tom Roberg, CEO of LaamScience, the company developing the technology. If all goes as planned, nano-coating could be in hospitals as early as this fall. » 1 YEAR LISA FIELDS



» SKIN CANCER SURVIVOR

THOMAS MAY SHOULD BE DEAD. After seven years with melanoma, just about everyone is. But May, 41, is quite alive, and it is his cancer that has died, thanks to an experimental gene therapy. Steven A. Rosenberg, MD, chief of surgery at the National Cancer Institute in Bethesda, Maryland, took some of May's own white blood cells and gave them a new gene that improves their ability to spot and kill cancer. He then injected the souped-up white cells back into May. The altered cells became melanoma's worst nightmare, and May was soon declared disease free. Since the therapy is targeted specifically to melanoma cells, May had none of the usual side effects, such as nausea and hair loss. "It's the first gene manipulation that can successfully treat a cancer," says Dr. Rosenberg. Most people in the study weren't so lucky, but Dr. Rosenberg is improving the technique and broadening its application to other cancers. » 3-5 YEARS WILLIAM SPEED WOOD

A man with a prosthetic leg is shown in a clinical or laboratory setting. He is wearing a white t-shirt with a "BLACK HAWK" logo and a prosthetic leg. A white and black running shoe is placed on his prosthetic foot. In the background, two other people are visible, one in a red shirt and one in a white shirt. The text "BREAK THROUGH!" is written in red in the top left corner.

BREAK
THROUGH!

BATTLEFIELD ADVANCES

Remarkable innovations in treating
injured soldiers will ultimately
benefit us all

BY MICHAEL J. WEISS



Staff Sgt. Jacques Keeslar stretches after physical therapy at Walter Reed. His left leg is the C-Leg.

H

NOT DUST CHOKED THE AIR over the desert outside Rawah, Iraq. It wasn't even noon last June 27, but already the temperature had climbed to 100 degrees. Perched in the gun turret of his Stryker light-armored vehicle, U.S. Army Staff Sgt. Jacques Keeslar surveyed the dirt road ahead while on a mission to raid a safe house for suspected insurgents. As his patrol sped through the dusty landscape, 36-year-old Keeslar never saw the improvised bomb buried beneath the road. Suddenly an explosion ripped through the vehicle with a roar. "Oh, my God!" cried Keeslar as he frantically tried to pull himself out of the turret. "I'm hit!"

Three out of five soldiers in the Stryker sustained serious injuries, but his were the worst: The blast had shredded both his legs. Within 48 hours, surgeons in Germany amputated his right leg below the knee and his left one at the kneecap. "I don't remember when I realized my legs were gone," says Keeslar today. "All I could think about was starting the recovery process so I could walk again."

A mere four months after the attack, Keeslar is getting his wish. At Walter Reed Army Medical Center in Washington, D.C., he strides around the physical therapy center with barely a hitch in his gait. Beneath baggy sweatpants and jogging shoes, he

With a C-Leg on his left side and a mechanical prosthetic on his right, Keeslar soon began to walk naturally, climb stairs and return to a normal life with his wife, Vanessa. Last November, he competed in the New York City Marathon, riding a hand-cranked recumbent bicycle to reach the finish line of the 26-mile course in a little over three hours. This year, he hopes to return to active duty as an instructor at Fort Knox, Kentucky, and looks forward to spending weekends riding his Harley-Davidson motorcycle. "As soon as I put on the C-Leg, I was walking again," Keeslar says. "It's an awesome piece of equipment."

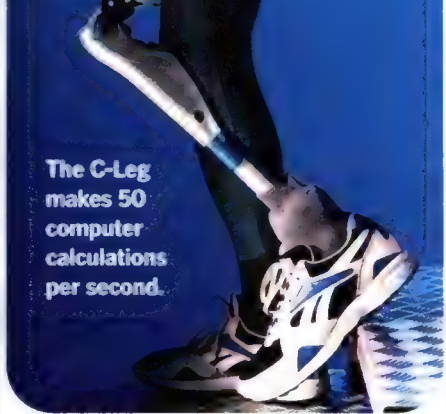
Though Keeslar's recovery seems

AN EXPLOSION RIPPED THROUGH THE VEHICLE. "OH, MY GOD, I'M HIT!" THE BLAST SHREDDED BOTH OF KEESLAR'S LEGS.

wears a revolutionary prosthetic device known as a C-Leg, so named because of a computer microprocessor in the knee that makes 50 calculations per second to adapt to a user's gait.

While in previous wars the loss of a leg meant a lifetime of restriction, service members like Keeslar can reclaim their independence thanks to the \$50,000 C-Leg, a wonder of titanium, graphite and technology made by Germany's Otto Bock HealthCare. At Walter Reed, technicians programmed his C-Leg's circuitry to keep him stable and upright—no matter the surface or angle of terrain.

miraculous, military medical marvels like his C-Leg are becoming increasingly common. Since the war in Iraq began in 2003, Americans have suffered more than 3,000 deaths and about 23,000 casualties. But the conflict has produced an unexpected payoff: remarkable advances in treating trauma and injuries. Military doctors and researchers are making impressive gains in healing injured soldiers and rehabilitating them to active lives. And many of these innovations are finding their way to general medical use, aiding civilians as well as troops. Against the backdrop of a divisive war in the



The C-Leg makes 50 computer calculations per second.

Middle East, here are several heartening advances in military medicine that have the power to help us all:

NEURO RESCUE

Most military doctors once considered traumatic brain injuries (TBIs) received in combat to be fatal. Less than ten percent of soldiers survived severe head injuries, and fewer than five percent went on to lead independent, functioning lives. But when coalition forces landed in Iraq in 2003, a group of eight U.S. neurosurgeons and neurologists decided to try a new front-line approach to TBIs called damage control neurosurgery, or neuro rescue.

Stationed at the 28th Combat Support Hospital near Fallujah, they developed a technique that involved delicately removing part of a patient's skull to allow the brain to swell instead of put pressure on the brainstem, which could cause irreversible coma. After closing the scalp, doctors ensure the brain receives plenty of blood by using micro-balloons and medica-

tion to unclog any narrowing blood vessels—treatment similar to what stroke victims receive. After several months, once the brain swelling recedes, doctors use a computer-generated model of the patient's head to create a hard acrylic implant that they insert when closing up the skull.

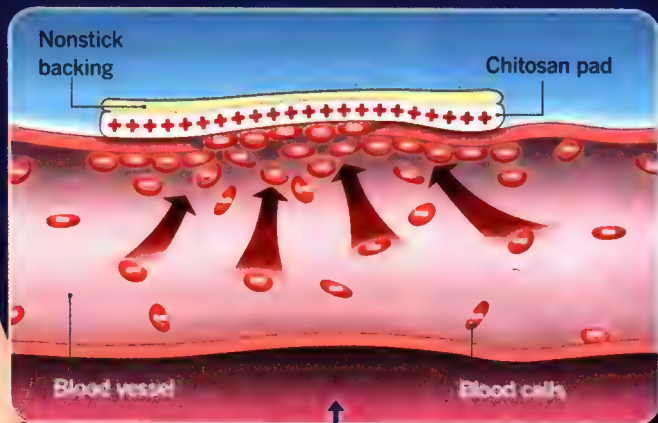
For this bit of medical wizardry, the doctors were nicknamed the Skull Crackers. "Our breakthrough was in treating a traumatic brain injury like a stroke," says Rocco Armonda, MD, one of the Skull Cracker neurosurgeons now serving at National Naval Medical Center in Bethesda, Maryland. "If you can open the skull early enough to prevent secondary injuries like low blood flow, the chances of recovery are better than ever." Indeed, Dr. Armonda estimates that the survival rate of neuro-rescued brain-trauma victims has risen to more than 50 percent and more than a third have returned to independent living—working, driving a car and even attending college.

Meanwhile, neuro-rescue techniques are slowly being adopted in hospitals in the States, where 1.4 million Americans suffer TBIs every year. After ABC News anchor Bob Woodruff sustained a brain injury in Iraq, he received the pioneering treatment under Dr. Armonda's care last winter.

ULTIMATE BANDAGE

Since the dawn of warfare, a major killer of soldiers on the battlefield has been severe bleeding. Even today in Iraq and Afghanistan, many of those

THE HEMCON BANDAGE



Made of an organic substance from shrimp shells called chitosan, the bandage becomes sticky when in contact with blood, and seals bleeding wounds. The positively charged chitosan bonds with the negatively charged red blood cells to form a clot.



who die in combat bleed to death in the minutes before they can be evacuated to an aid station. But that tragic toll may soon decline with the development of an innovative dressing called the HemCon Bandage. Made with chitosan (pronounced KY-tuh-san), it uses an organic substance from shrimp shells to help blood cells form clots. A four-inch-square dressing can staunch a heavily gushing wound in 30 seconds and has been shown to stop or reduce bleeding in more than 90 percent of combat cases.

"It acts like a tire patch," says Col. Robert Vandred, the U.S. Army's director of Combat Casualty Care Research at Fort Detrick, Maryland. "It's not sticky until it gets in the presence of

blood. Then it adheres to the surrounding tissue and seals off the blood like no other conventional bandage."

Created by scientists at the Oregon Medical Laser Center under a grant from the U.S. Army Medical Research and Materiel Command, the HemCon (for "hemorrhage control") Bandage works because the positively charged chitosan material bonds with negatively charged blood cells to form an artificial clot. When researchers first demonstrated the bandage's effectiveness in 2002, the Food and Drug Administration gave it fast-track approval in a matter of days. Since then, the Army has made the \$85 bandage standard issue for all American soldiers serving in Iraq and Afghanistan. And

military reports credit the bandage with already saving more than 100 lives. In mid-2006, the manufacturer, Portland-based HemCon Medical Technologies Inc., began marketing the bandage to civilian medical personnel, including ambulance drivers and emergency room doctors.

► FUTURE DOG TAGS

Tommy Morris knows the challenges of battlefield medicine. As a front-line medic with the Army's Third Infantry Division in 1993, he struggled to treat the soldiers under his care in war-torn Macedonia. Frustrated by rainstorms soaking through paper medical reports, he vowed to bring medical recordkeeping into the digital age. "I kept thinking, There's got to be a better way," recalls Morris, now 38 and chief information technology officer at the Army's Telemedicine and Advanced Technology Research Center in Fort Detrick.

In 2001, Morris created that better way by designing a new software product called BMIST, which allows medics to enter casualty information into a handheld device. Short for Battlefield Medical Information System-Tactical (and pronounced "bee mist"), the software allows medics to generate an electronic health record about a soldier for later retrieval by front-line doctors or a stateside hospital. In addition, it acts like a medical textbook, so medics can look up diagnostic and treatment information in a combat zone. Already, BMIST software has been licensed to military depart-

ments and civilian hospitals in the United Kingdom. Pilot programs are being set up in France and Canada. First responders in the United States are also using it to record medical information on victims of disasters like Hurricane Katrina.

But BMIST is only one of several advances revolutionizing the management of patient information. Since 2005, the U.S. Army Medical Research and Materiel Command has experimented with the Electronic Information Carrier. The EIC is a dog-tag-size wireless data device worn by soldiers that can store up to two gigabytes of data—literally thousands of pages of records. Rather than having to search through a soldier's uniform for information on blood type or allergies, medical personnel can easily access that information up to 30 feet away with the electronic dog tag.

At the same time, all the military branches are adopting an all-digital medical information system through an initiative called Armed Forces Health Longitudinal Technology Application (AHLTA). Its goal is to electronically track the illnesses, allergies and prescribed medicines of all 9.2 million service members and veterans. When these advances are combined, medical workers will have access to the complete health records of even unconscious soldiers. This will allow them to determine whether a person has been exposed to a chemical agent, and it will also prevent deadly drug interactions. Over the past five years, AHLTA has identified and resolved

Medics input symptoms, and BMIST comes up with a treatment plan.



more than 200,000 potentially life-threatening drug conflicts.

But Morris believes these benefits are only the beginning. He foresees integrating BMIST with a sensor that will automatically alert a doctor when a veteran's pacemaker is malfunctioning—"like in *Star Trek*," he says. And medics in the near future will be able to wave a handheld BMIST device over a wounded soldier, save the patient's vital signs on an EIC, and take comfort in knowing that the medical chart will follow the patient for the rest of his life.

▶▶ SMART PAIN-BLOCKERS

For over a century, doctors have treated seriously wounded soldiers with morphine, all the while knowing the narcotic's downsides. It impairs breathing, reduces decision-making abilities and, if taken over time, can be addictive. But three years ago, researchers funded by the Defense

Advanced Research Projects Agency (DARPA) reported a remarkable alternative: a nonaddictive pain-blocker. While investigating the biochemical origins of pain, they developed an experimental drug—actually, a synthetic antibody known as RN624—that inhibits a molecular pain messenger called nerve growth factor. The powerful antibody keeps the brain from receiving pain messages sent by nerve endings surrounding an injury. And the drug is long-lasting; a single dose can block pain for several weeks. Best of all, it has no addictive side effects.

"A wounded soldier may get one dose on the battlefield that can take care of any pain until he's evacuated to a hospital days later," says Brett Giroir, MD, deputy director of DARPA's Defense Sciences Office in Arlington, Virginia. RN624 was developed at Palo Alto-based Rinat Neuroscience Corporation, which was bought by Pfizer last year. Pfizer is conducting clinical trials on the drug and hopes to market

it. According to Dr. Giroir, "This could revolutionize the way we treat pain."

PROSTHETICS WITH THOUGHT CONTROL

While some of the military's medical initiatives are years away from fruition, they have astonishing promise. At DARPA, it's hoped that an ambitious four-year, \$48 million Revolutionizing Prosthetics Program will result in the creation of artificial human arms and hands controlled by brain waves. Already, researchers have found success with primates. At the University of Pittsburgh, scientists taught a monkey to feed itself using thought-generated impulses picked up by the electrodes of a prosthetic arm. "The monkey was able to move the robot arm out, grab a zucchini chip and bring it back to its mouth just by thinking these motions," says Col. Geoffrey Ling, MD, program manager of DARPA's Defense Sciences Office. "It was phenomenal."

The next goal is to adapt the tech-

nology to people, says Dr. Ling, and scientists are conducting the first human trials with paraplegics and patients who have Parkinson's disease. DARPA's timetable calls for completing a working prosthetic arm and hand by the end of the year that will look, feel and perform like natural limbs. Two years later, it hopes to apply for FDA approval for a working, neurally controlled model.

Having served as a military physician in Afghanistan and Iraq, Dr. Ling knows the urgency in bringing these advances to life—"for the good of the troops," he says. But he also knows that medical breakthroughs born of war aid all humanity: Blood banks, penicillin and reconstructive surgery all emerged from past conflicts. "Perhaps thought-controlled prosthetics will be one of the miracles that comes out of the war in Iraq," says Dr. Ling. "In adversity, there's opportunity."

rd.com To view a photo slide show of Staff Sgt. Jacque Keeslar's recovery, visit rd.com/C-Leg.

OUR BAD

These newspaper editors stand corrected.

From *The Silver City* (New Mexico) *Daily Press*:

"Due to technical difficulties, Tuesday's page 7 was inadvertently left out and replaced with Monday's page 7. Today, page 5 will feature Tuesday's front page, while page 6 will be the correct page 7 for Tuesday."

Submitted by ROBIN SHETLER

From *The Dallas Morning News*: "Norma Adams-Wade's June 15 column incorrectly called Mary Ann Thompson-Frenk a socialist. She is a socialite."



**BREAK
THROUGH!**

ONE FLU SHOT FITS ALL

A UNIVERSAL VACCINE could protect you from all major strains of flu, even the dreaded avian variety. Scientists are targeting a flu protein called M2 that appears in all influenza A strains. Current shots protect against only certain strains.

While an M2 vaccine may not keep people from getting sick, they might get a milder version of the flu. The good news: Fewer patients would die. Today, up to 35,000 people, mostly the elderly, succumb to the flu each year. M2 clinical trials could begin this year.



5+ YEARS

LISA FIELDS

SIGHT SAVER

TWO NEW drugs (one a proven cancer fighter) have given millions of macular degeneration patients hope of improving their vision. "With these new treatments, we're able to keep people functioning and help them live productive lives," says Richard Rosen, MD, a

retina specialist at the New York Eye and Ear Infirmary.

Avastin is already approved for cancer treatment and is being used to treat macular degeneration, and Lucentis was approved as a treatment for the disease last year. Both are anti-angiogenesis drugs, which stop the growth of blood vessels that feed tumors. When injected directly into the eye to treat the "wet" form of macular degeneration, the drugs stop the growth of vessels in the retina that obstruct vision. **NOW**

CYNTHIA DERMODY



WHY WE LOVE CHOCOLATE, REASON #27

As if we needed another excuse: New evidence suggests that eating a little chocolate might help ward off artery-blocking, heart-attack-provoking blood clots. During a recent study, Johns Hopkins University researchers discovered that clots formed more slowly in the blood of chocolate lovers than in those who passed on the sweets. Cocoa beans contain chemicals called flavonoids, which seem to have blood-thinning effects similar to those of aspirin, known to reduce platelet clumping. Dark chocolate, which is lower in sugar and fat than milk chocolate, is the healthier way to reap the newfound rewards. **NOW**

LINDSAY MILLER



» A VIRUS TO KILL CANCER?

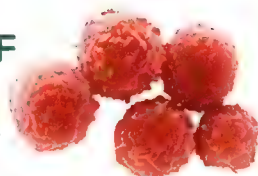
Scientists are using modified viruses to fight tumors. The viruses bind only to cancer cells, reproduce and spread, killing the cancer while sparing healthy tissue. Researchers at UCLA used HIV to attack melanoma in mice. Although humans won't be tested with this protocol for years, at the Mayo Clinic, trials are under way using the measles virus to fight ovarian and brain cancers. » **5+ YEARS**

LISA FIELDS

» DO-IT-YOURSELF HEART REPAIR

WHILE THE DEBATE continues over the use of embryonic stem cells, scientists have figured out a way to use adult stem cells to treat heart attacks. Doctors often place a balloon in the blocked artery, opening it up to restore blood flow and limit the damage. Adding stem cells taken from your own bone marrow may be even more effective, say researchers in London. When injected into the artery, the cells go directly to the spot where the heart was damaged. In mice studies, the cells turn into heart muscle and restore much of the heart function. One day we might be able to completely restore the heart after an attack, says researcher Anthony Mathur, PhD. "This is the first time we've used our own cells to repair damaged organs." » **3-5 YEARS**

PATRICIA CURTIS



Adult bone marrow stem cells

» REPLACEMENT PARTS FOR WOMEN

UNTIL NOW, the only artificial knee on the market was designed for everybody. But women's knees are narrower and more delicate than men's, and the implant commonly caused parts to overhang, causing rubbing and pain and making it difficult for patients to get out of chairs or climb stairs. Last year, the FDA approved the first implant for women, the

Gender Solutions High-Flex Knee, from Zimmer, Inc. "Women are not just little men. They are different, and they walk differently," says Robert Booth, MD, chief of orthopedic surgery at Pennsylvania Hospital, who has installed about 500 of the new

implants. "Now we're going to be customizing parts to patients rather than saying everybody drives a Ford." Next up: artificial hips for women. » **NOW**

CYNTHIA DERMODY



Gender Solutions High-Flex Knees for women



**BREAK
THROUGH**

STOPPING

When the young mother of two passed out, a revolutionary surgery was her best hope. But the clock was ticking.

BY LISA COLLIER COOL



A STROKE

TRACI MILLER WOKE UP TO THE SOUND of quick footsteps scampering toward her room. It was shortly before dawn on a rainy Saturday in April 2006, but her three-year-old daughter, Alexis, was up unusually early. Traci tucked the toddler back in bed, then checked on one-year-old Rylee, who was sound asleep in her crib. It would be nice to slide under the covers for a few more minutes. But the red-headed mom from Hackettstown, New Jersey, had a busy day planned. She and her husband, Michael, had an appointment with a real estate agent to look at larger houses

for their growing family, and her parents would be visiting later in the day. "I'm going to take a shower," she told Michael, who was still dozing. "I've stuff to do before Mom and Dad get here—and we need groceries too."

Seconds later, Michael heard a thud. He didn't know it, but a desperate race against time had just begun. He leapt out of bed to see what was wrong. In the bathroom, he found his wife of five years slumped against the tub. "I was screaming her name and asking if she was okay, but she just stared straight ahead and didn't answer," says the 36-year-old civil engineer. "She was moaning, kind of crying. I was terrified." He carried her to their bed, then dialed 911. During the call, he noticed that Traci couldn't move her right leg. "That scared me even more."

Within minutes, police rushed in with their radios blaring. Since Traci couldn't talk, they asked Michael what had happened. "Maybe she hit her head and got a concussion," he replied. Before long, the bedroom was full of paramedics, who examined Traci, slipped a brace around her neck, and loaded her onto a stretcher. During the wait for the ambulance, which was delayed on another call, Michael asked a neighbor to come over and watch the kids until he could reach relatives. Amazingly, baby Rylee slept through the commotion, and Alexis played quietly in bed, unaware of the emergency.

By the time the ambulance finally arrived, Michael was frantic. The right side of Traci's face had developed an alarming droop, and her mouth hung

open. She was raced to a local hospital, then airlifted to a trauma center in Morristown, New Jersey. "I knew they wouldn't do that unless her condition was very serious," says Michael, who followed in his car. "I was crying as I drove. How could she have hurt herself so badly slipping in the bathroom? I panicked to the point that I thought about losing my wife, and our girls growing up without their mother."

WHEN MICHAEL reached Morristown Memorial Hospital at 7:40 a.m., he tried to get his emotions under control.

During a brief visit with Traci, who was paralyzed on the right side of her body, he discovered that she could communicate with head motions. "Did you fall?" he asked. She nodded yes. "Do you remember *how* you fell?" She shook her head no. Then she was wheeled off for tests, including a CAT scan, while Michael prayed in the waiting room and called home to check on the kids.

Nearly an hour later, ER doctors returned with shocking news: Traci had suffered a stroke—loss of blood flow to part of the brain, usually caused when a vessel is blocked by a clot. Michael couldn't believe it. How could this have happened? His wife, a slim, physically fit nonsmoker, was only 35. His mind raced from one terrifying scenario to another. One of his relatives had a stroke and was never the same afterward. Would that happen to Traci? Would she ever walk or talk

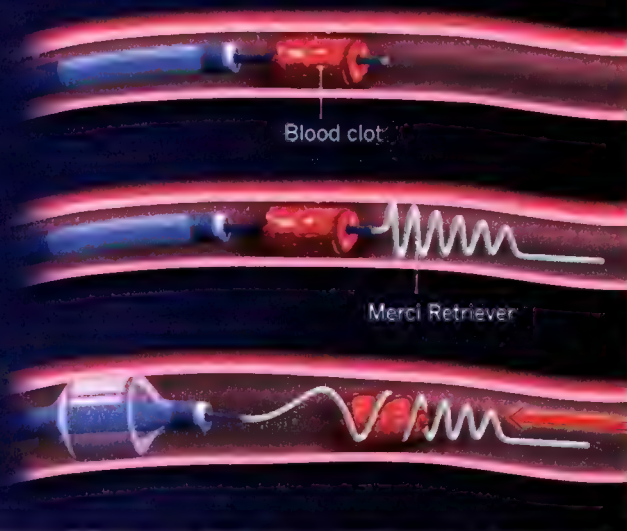
CAPTURING A CLOT

Doctors used this minimally invasive surgery to undo some of the damage from Traci Miller's stroke. Using x-ray guidance, they threaded the instruments from an artery in her leg all the way up to the clogged vessel in her brain.

The Merci Microcatheter is guided through the blood vessel until it goes beyond the clot.

The Merci Retriever is then deployed through the Microcatheter until it comes out the other end and curls into a "corkscrew."

The Merci Retriever is pulled back through the clot, snaring it; the Microcatheter, the Retriever and the clot are all pulled out together.



again? Was she going to die? Strokes kill more than 157,000 Americans a year, about 60 percent of them women. Survivors can be left with paralysis, impaired vision, chronic pain, difficulty speaking, or cognitive or emotional problems.

The neurologist explained that it might be possible to reverse the stroke. But it all depended on whether Traci could be treated in time. The longer her brain went without blood flow, the greater the damage. Before the doctors could do anything, they needed to pinpoint when the symptoms started. There are only two FDA-approved therapies for stroke, and both had to be given within strict time limits. Michael hadn't looked at a

clock, but his best guess was that she was stricken at around 6 a.m., or possibly a little later.

The specialist checked his watch. It was 8:45 a.m. There were just minutes left to administer tPA (tissue plasminogen activator), a clot-busting drug that's only approved for use within three hours of a stroke. But the doctor worried that the clot in Traci's brain was too big to dissolve with tPA. If it didn't work, she'd be left profoundly disabled, if she survived at all. Up to 50 percent of people with a blockage where Traci's was die.

Traci also qualified for a newer procedure, then offered at only one facility in her state: Overlook Hospital, in Summit, New Jersey. A corkscrew-like

device called the Merci Retriever (FDA approved in August 2004) is designed to pluck clots out of blocked vessels like corks from wine bottles. It's more beneficial than tPA for large blockages and works for up to eight hours after a stroke, says Ronald Benitez, MD, Overlook's director of endovascular neurosurgery. "Expanding the treatment window means many more patients will be spared death or disability, since most people don't get to the hospital in time for tPA." (See "Stroke Warning Signs," page 142.)

The Merci treatment has serious risks, including punctured blood ves-

sel right decision," he says. "I would have agreed to anything if it gave Traci a better chance at getting back to normal. She didn't seem to be suffering, but when the doctor asked her to stick out her tongue, she couldn't even do that." Michael sped to Overlook Hospital so fast that he actually beat the ambulance there. When Traci arrived, about 10 a.m., he kissed her and promised that the surgeons would help her. "I must have said 'I love you' a hundred times before they pulled me away. I was bawling my head off."

Four and a half hours after the stroke began, Traci was put under general

SCRAWLING HIS SIGNATURE FOR CONSENT,
MICHAEL SHOUTED, "WHAT ARE YOU
WAITING FOR? LET'S GET HER MOVED!"

sels (brain hemorrhaging), which could worsen the stroke or even be fatal. And since the hospital had recently acquired the device, Traci would be only the second patient in New Jersey to undergo the procedure, which is 54 to 69 percent effective at restoring blood flow, according to a 2006 study at University of California, San Francisco. Faced with a life-or-death decision, and a ticking clock, Michael didn't hesitate. Scrawling his signature on a consent form, he shouted, "What are you waiting for? Let's get her moved to the other hospital!"

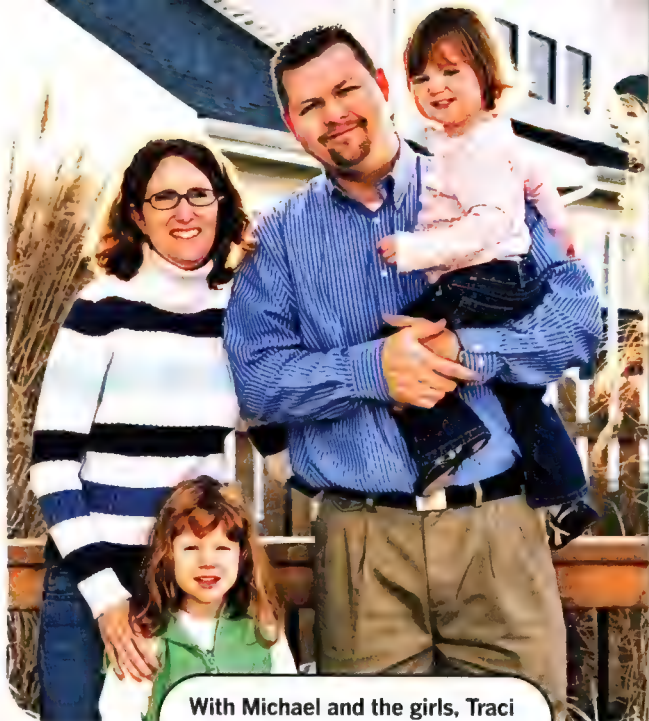
While doctors scrambled to make the arrangements, Michael called Traci's parents. "I hoped I'd made the

anesthesia. Dr. Benitez threaded a tiny tube into an artery in her leg. Using x-ray images as a digital road map, he navigated through a maze of blood vessels to her brain. When he reached the blocked vessel, he squirted tPA directly into the clot, a still experimental use of the drug. "That loosens the clot up so it's easier to extract," the surgeon explains. The next step was inserting the Merci Retriever into the tube. The Retriever is a flexible wire made of metals that have "memory." When the nickel and titanium tip comes out the other end of the tube, it "remembers" to curl into a corkscrew. If all goes well, it snares the blockage when pulled back through it.

But Dr. Benitez's first attempt only captured a few fragments—just enough to start a trickle of blood through the obstructed vessel, like water spilling from a leaky dam. Not good enough. The process was carefully repeated. "Traci's being so young and having two kids added to the urgency," Dr. Benitez says. The device was slowly extracted. To the doctor's relief, a huge clot was tangled in its coils. X-rays showed blood surging through the vessel at the normal rate. Two much smaller vessels, though, were still clogged.

Dr. Benitez squirted in more tPA and they slowly regained flow, except in one tiny area. He'd done all he could to bring her back.

Soon after the 90-minute procedure, Traci could wiggle her right leg. When she saw Michael in the recovery room, around 1 p.m., her first words were, "I love you." He was amazed and ecstatic. It seemed like a miracle that she could speak so soon after the procedure. She was moved to the neurology ICU, where several anxious relatives were waiting to see her. A nurse explained after such a severe stroke, they'd have to monitor Traci's progress one day at a time. It was too soon to predict whether she'd regain all of her former



With Michael and the girls, Traci is living each day to the fullest.

abilities, even with extensive rehabilitation. Michael sat at his wife's bedside, holding her hand. "You're going to be just fine," he promised. "You're a fighter and can overcome this." Traci nodded slowly, then drifted off to sleep.

Over the next 24 hours, he rejoiced at each new milestone. Although her speech was soft and slurred, she whispered simple words, such as "yes," "no" and "hi." She also recognized friends and relatives who dropped by, and even greeted her brother-in-law by his nickname, "Dupe." On Sunday afternoon, a day and a half after the stroke, she took her first steps, with the aid of a walker. "I was very ex-

cited, relieved and hopeful," says Michael. Even though Traci seemed dazed, and had limited use of her right arm, he was convinced that over time, she'd recover 100 percent.

The next day, however, there was a setback. When a doctor checked her vision, she didn't react when he shone

a flashlight into her left eye. "I was devastated that I couldn't see on that side," says Traci, who was struggling to understand what had happened to her. "I didn't get the whole stroke thing, or why something was wrong with my left eye, when the other problems were on the right side of my body." The doctor

thought that a fragment of the clot might have blocked flow to a vessel in that eye during the stroke, but he held out hope that her vision might eventually return. By the end of the week, she could see shadows.

She graduated from a walker to a cane, and began to speak in complete sentences. "I'm going to be okay," she told her parents. They were helping Michael care for the kids. Rylee was too young to talk, but Alexis kept asking to see her mom. She had to wait until Traci was moved from the ICU to a regular hospital room. Before the visit, Michael explained that Traci used Play-Doh to exercise her hand. Alexis rifled through her toy box until she found a container of pink Play-Doh, the little girl's favorite color. "This will help Mommy get better," she proclaimed. Traci was so happy to see the children that she burst into tears, then put Alexis in her lap while they squeezed and molded the Play-Doh together.

After a week, Traci was

» STROKE WARNING SIGNS

Often, stroke isn't treated as an emergency. The problem? One in three Americans can't identify any of the symptoms. That can lead to dangerous delays in getting care. Use this F.A.S.T. action plan to tell if someone may be having a stroke. You could save a life.

Face. Ask the person to smile. A stroke can cause one side of the face to droop. Abrupt dimming of vision or a sudden, severe headache with no known cause are also warning signs.

Arms. Ask the person to raise both arms. If one arm drifts downward, that could signal a stroke, which can trigger weakness, numbness or paralysis of an arm or leg, particularly on one side of the body. Sufferers may also have unexplained loss of balance, or a sudden fall.

Speech. Ask the person to repeat a simple sentence. Stroke victims may slur their words, have trouble speaking or understanding speech, or not be able to talk at all.

Time. If the person has any of these symptoms, call 911. Stroke is a life-or-death emergency in which every minute counts. To have any hope of reversing the effects, a patient must get tPA within three hours, or the Merct Retriever procedure within eight hours. For more information, visit the manufacturer's website, concentric-medical.com, or the National Stroke Association at stroke.org.

transferred to a rehabilitation center, where she received physical, occupational and speech therapies. Two weeks after the stroke, she was well enough to go home and begin outpatient treatment. Before long, she was walking without a cane, though her right foot dragged, causing her to stumble frequently. She gradually learned to walk normally, and her right arm gained greater strength and flexibility, though it remains weaker than the left. Learning to write again was a struggle. At first, she could barely print her name, but eventually, her penmanship was nearly perfect.

As her physical skills returned, her thinking also got sharper. "About four weeks after the stroke, it finally hit me how serious this was. I wanted to know, Why me?" Tests revealed a previously undiagnosed birth defect:

a small hole in her heart that made her more prone to stroke. However, doctors decided to postpone repair until she was further along with her recovery. Meanwhile, sight gradually returned to her left eye, though her vision is blurry on that side. She fumbles for a word occasionally but has no other speech problems.

In early July, she returned to her job at a pharmaceutical company. "I'm amazed that I had a 50-50 chance of dying, but I'm still here," says Traci, who had a cardiac repair operation in September. She's also had an emotional change of heart. "I've cut back on my hours at work, and I take more vacations. My life is here at home with my girls and my husband, and I want to enjoy it to the fullest."

rd.com Take a tour of the body and see some top medical breakthroughs at rd.com/medicine.

STUPID IS AS STUPID DOES

Does a dumb name doom a person to a life of idiocy? Washington Post Magazine columnist Gene Weingarten thinks so. And he cites the following examples to prove his case:

In Fort Lauderdale, a jail escapee shed his orange jumpsuit because he thought it was too suspicious-looking. He was caught because he tried to escape wearing only purple underpants. Name: D. Chester Gumps.

In Broken Arrow, Oklahoma, an inmate at the city jail threatened one of the guards by saying, "I know where you work." Inmate's name: Frank Dorko.

Please note that this rule of thumb does not apply in the other direction. A guy in Illinois was picked up on charges of attempting to mug a Chicago police officer. Mugger's gun was phony; cop's wasn't. Name of perp: Eugene Smart, Jr.

LAUGHTER, THE BEST MEDICINE



A WOMAN rubbed a lamp and out popped a genie. "Do I get three wishes?" she asked.

"Nope, I'm a one-wish genie. What will it be?"

"See this map? I want these countries to stop fighting so we can have world peace."

"They've been at war

thousands of years. I'm not *that* good," he said. "What else do you have?"

"Well, I'd love a good man. One who's considerate, loves kids, likes to cook and doesn't watch sports all day."

"Okay," the genie said with a sigh. "Let me see that map again."

Submitted by D. RICHARDS

WHEN DO COWS go to sleep? When it's pasture bedtime.

Submitted by HOSS ALLRED

FORTUNE-TELLERS are so easy to buy clothes for—they're all mediums.

Submitted by FRED MECKLEY

Li'l Green Men

Funny

How can you tell a leprechaun is having a good time?

He's Dublin over with laughter.

Funnier

Did you hear about the little green man who went to jail?

Yeah, he was a lepre-con.

Funniest

Why can't you borrow money from a leprechaun?

Because they're always a little short.

ILLUSTRATED BY DAN REYNOLDS

A man walks into a bar and orders six whiskeys. Putting them in a row, he downs the first glass, then the third and finally the fifth.

"Excuse me," the bartender says as the man turns to leave. "But you left three glasses untouched."

"I know," the man says. "My doctor says it's okay to have the odd drink."

Submitted by JEE WAN YAU

A RECENT survey reported that 27% of Americans take their cell phones to the bathroom, an indication that reading is definitely becoming a lost art.

Submitted by GARTH GAMBLIN

How does Snoop Dogg cook his eggs? Ta sizzle.

Submitted by YANG XIA

WHAT starting salary are you looking for?" the head of human resources asks the newly graduated engineer at the end of a job interview.

Going for it, the guy says, "Well, sir, I was thinking about \$125,000, depending on the benefits package."

"Okay," the HR director says. "How about five weeks' vacation, 14 paid holidays, full medical and dental, 100% company match for your 401(k) and a Porsche for your company car?"

The engineer gasps and says, "Wow! Are you kidding?"

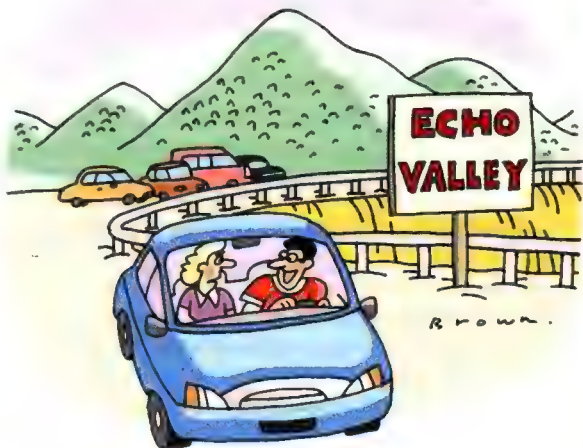
"Yeah," he replies. "But you started it."

MY MOTHER could make anybody feel guilty. She used to get letters of apology from people she didn't even know.

JOAN RIVERS

ONCE UPON a time, a beautiful young antelope was going to the party of the year. Excited, she put on a new outfit, makeup, great shoes,

the whole nine yards. Suddenly, she was stamped by a herd of buffalo, making her the first self-dressed stamped antelope.



• "Frustrating, wasn't it ... not having the last word?"

A MAN WALKS into a psychiatrist's office.

"Doc, every time I see nickels, dimes and quarters, I have a panic attack! What can my problem be?"

"Oh, that's easy," the doctor answers. "You're just afraid of change."

Submitted by WAYNE BENNETT

Q: How MANY suburbanites does it take to screw in a light bulb?

A: One, but it has to be the same shape and wattage as **every other light bulb on the block.**

Can You Top This?

Q: Why did the new race-car driver make ten pit stops during the race?

A: To ask for directions.

Why did the driver *really* stop so often? We know you can do better on this one. E-mail your funniest original punch line to us at comedy@rd.com, subject: March, and if it's the best (and the first of its kind), you'll win fame and riches. Well, not really, but you'll get a cool \$100. Check out rd.com/topthis for a list of past winners.

What did our farmer say about roasting a pig to celebrate his anniversary? January's winning punch line came from Gretchen Sue Strausbaugh of Defiance, Ohio: "Maybe, but cows are better at taking a joke."

D ID YOU HEAR about the man who looked up synonyms for death in a thesaurus?

He found himself at words for a loss.

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for the funny true stories we print in **Life in These United States**, **All in a Day's Work** and **Humor in Uniform**. We pay \$100 for jokes, quotes and other material used in **Laughter, the Best Medicine**, **Quotable Quotes** or elsewhere in the magazine.

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- To enclose funny items clipped from other sources, mail to: Humor, Reader's Digest, Box 100, Pleasantville, New York 10572-0100. Please note source, date and page number. Be sure to include your name, address, phone number and e-mail.
- Rates are subject to change; for terms and details, visit rd.com.

Dad Overboard

Confessions of
a (way too)
protective parent

BY STEVE DOOCY

FROM "THE MR. & MRS.
HAPPY HANDBOOK"

JUST TWO DAYS before my son's 18th birthday, I did what most parents never do. I actually looked at the 8-millimeter videotapes—all 73 of them—that I'd dutifully created with my Sony camcorder at every single birthday and school recital of my son's life. I looked at summer vacations and at the occasional dog washing.

Three observations:

I should have turned on the anti-jiggle feature.

My wife and I spent a fortune on birthday ponies.

Perhaps we had raised the "boy in the bubble" without an actual plastic bubble.



Did we go overboard in the protection department? It was one of those things you don't realize you're doing when you're doing it, but when you have the benefit of time and distance, it's easy to see some things.

Kathy and I took our jobs seriously and had insulated our son from all dangers, real and imagined. Now that he was on the verge of manhood, we

wondered which things he would mention to the shrink that he'll start seeing when he's 30 to figure out "why my parents messed me up."

Let's examine the evidence.

Taboo Toys

As I watched 18 Christmas mornings back to back, I realized that despite the fact that we wanted our son to grow up to be a normal boy, we never gave him what he really wanted: a gun. Not a real gun, but a toy Uzi or an automatic pistol or something that he could aim at squirrels and neighbor kids and squeeze off a round from when he felt the urge.

He didn't get one, because we'd read a few of those "how to be a perfect parent" articles that made it clear guns glorified warfare and violence. If kids played with toy guns, the research indicated, they'd wind up oblivious to the difference between good and evil, and one day we'd get a call from a college dean to inform us our son was in the bell tower blasting away at coeds.

So he never got a gun. Later we discovered that the urge to shoot things is programmed into boys at the factory, and by the time our son was three, he was shooting at squirrels in the trees and rabbits in the yard with his fingers locked in a pistol-like pose. Later he improvised a weapon from a bent stick and shot at the Good Humor truck.

On his 18th birthday, to make up for his ammo-free childhood, I toyed with the idea of giving him a set of brass

knuckles and some napalm, but my black-market sources had dried up by then. He had to settle for luggage.

Water Hazards

Like the Beverly Hillbillies, we had a "cement pond" in our backyard. At first we thought it was so handy having a 52,000-gallon swimming pool just ten feet from the house. But shortly after our boy started walking, we stopped sleeping because we were positive that in the night, he would slip out the back door and go swimming—straight to the bottom.

To make sure he didn't, we locked every door. We had a pool cover and a state-of-the-art floating alarm that would, in theory, shriek when something fell into the water. In reality, if the wind blew more than five miles an hour, it would make a wave in the pool and the alarm would wake up the neighbors.

When we did use the pool, our son always wore something inflatable. And I'm not talking about those little blow-up things that go on the arms. We outfitted him in a Coast Guard-approved full-body flotation device.

There he was on the videotape from his third birthday, encased in this orange inner tube that stretched from his shoulders down to his crotch. It had taken two people 15 minutes to install him in it, so when it was time to ride the pony, we decided it wasn't worth the trouble of taking it off. He rode the horse while inside the flotation device.

He looked like a bloated cowboy. If Leonardo DiCaprio had had one of these, his character would have been available for *Titanic II*.

Scary Foods

You've heard that trans fats in French fries can kill you, but did you know that something even more diabolical is probably lurking in your kitchen right now?

We'd taken a child CPR class shortly before our son was born. The instructors made it clear that the most dangerous thing in your house is not a loaded gun, it's a grape.

Grapes are just the size of a kid's windpipe, and if a child eats a bunch of them quickly, one might get stuck and cut off the air supply. They said hot dogs were also exactly the diameter of a kid's throat and great caution must be used when consuming them. Both these foods were fine to eat, we were told, as long as they were cut up. From that day forward, whenever we

had grapes or an unknown-meat-filled-frank, we'd always cut them into molecule-size bites.

On my son's first day of preschool, my vigilant wife asked the teacher what the morning snack would be.

Grapes, my wife was told.

"Will they be cut in half?" she asked.

When the principal paused and then said no, my wife promptly volunteered to work in the kitchen and personally halve 15 pounds of green grapes.

That was the last time she ever asked what was on the menu.

Looking over all our videotape evidence, my wife and I realized that we probably did overdo it on our firstborn. Now we watch new parents and we admire how they are overdoing it.

"The Kryptonite Stroller, that's a nice touch," says my wife.

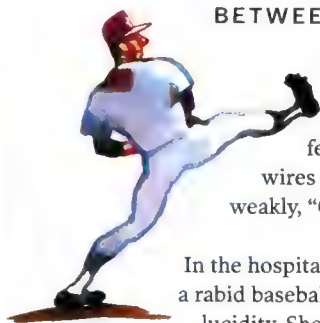


rd.com To buy a copy of *The Mr. & Mrs. Happy Handbook*, go to rd.com/doocy.

BETWEEN A DOC AND A HARD PLACE

Following a terrible fall, my cousin Peter was in a coma. Weeks later, he finally came out of it. "Peter," said his wife, "how do you feel?" Slowly looking around at the hoses, tubes, wires and monitors attached to his body, he responded weakly, "Overaccessorized."

JIM BETHKE



In the hospital following a heart attack, my sister Elsie, a rabid baseball fan, was asked simple questions to test her lucidity. She knew it was Thursday, but when asked what the next day was, she answered, "The first day of spring training."

EDNA HILTS

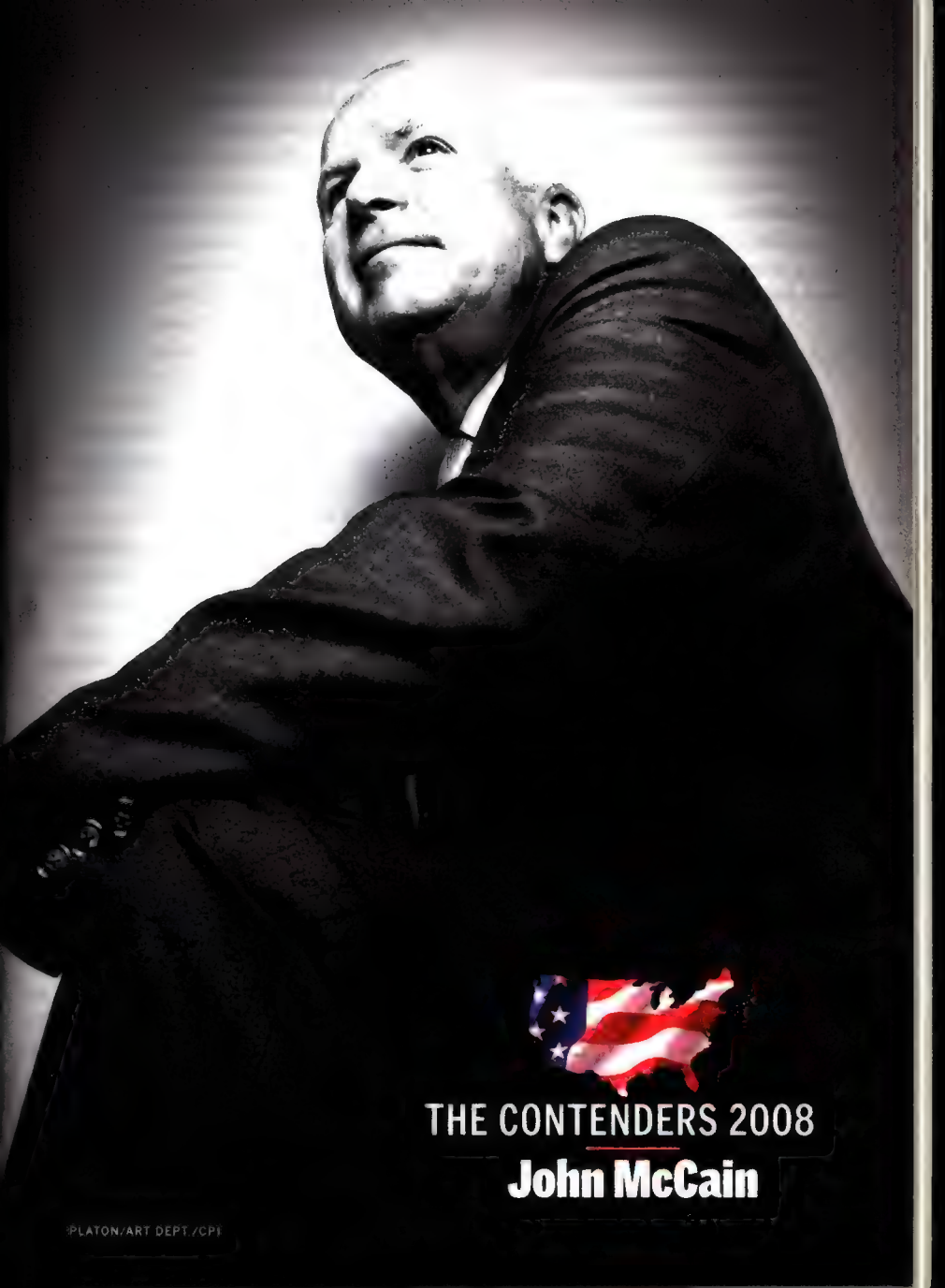
Can the Maverick Go Mainstream?

BY CARL M. CANNON

JOHN MCCAIN LEANED FORWARD, his voice low and firm. "In 1994, we became the majority in both houses of Congress in order to change government. Instead, government changed us. We began to value power over principle."

It's a theme Senator McCain pressed strongly in a recent interview with *Reader's Digest* and will no doubt sound often in the months ahead: The Republicans were hammered in the 2006 midterm elections because "we lost our way," corrupted by special-interest money. His voice rose as he warmed to a prime target of his wrath—pork barrel spending. "We had begun to believe that it's our money!" he said. "Honest to God, we believe it's our money, not theirs [taxpayers']."

This is the John McCain etched deeply in our minds, the principled straight shooter with the courage to take on anyone, even a fellow Republican, if he or she somehow betrayed the public trust. It's a reputation that has made him a front-runner for the GOP nomination for President in 2008. But being a maverick is also his biggest hurdle. Conservative activists are not at all sure that McCain is one of them, and in



THE CONTENDERS 2008

John McCain

trying to woo these kingmakers, the Senator could alienate moderates who are drawn to his aura of independence and integrity.

Whatever else, there is nothing predictable about his coming candidacy. But then, his rise in national politics was never predictable—much less inevitable.

TWENTY-FIVE YEARS ago, John McCain was a retired U.S. Navy captain living in Arizona and running for an open seat in the U.S. House of Representatives. He had a consultant's dream résumé: Not only was he the scion of well-known admirals, he was a war hero himself.

A fighter pilot in the Vietnam War, McCain was shot down by a North Vietnamese missile in 1967 and locked away in the grim prison that POWs dubbed the Hanoi Hilton. For five and a half years, he was tortured and starved. Several times, the North Vietnamese attempted to use him for propaganda purposes by offering to release the admiral's son ahead of other Americans who'd been imprisoned longer. McCain kept refusing to accept his own freedom, which engendered more beatings and more torture.

By the time he returned to America a free man, his hair had turned white and he was suffering from severe wounds that persist to this day. Another casualty of war was the collapse of his marriage to Carol Shepp, mother of McCain's first daughter, Sydney.

Yet less than a decade later, there he was campaigning in Phoenix and winning over voters with his upbeat manner and infectious humor. A nagging issue dogged his campaign, though: Why was McCain running in this district at all? He'd lived in Phoenix less than a year and had almost no connection with Arizona. He put the matter to rest during a candidates' debate when a rival leveled the carpetbagger charge yet again. "Listen, pal," McCain said, "I spent 22 years in the Navy. My father was in the Navy. My grandfather was in the Navy. We in the military service tend to move a lot. I wish I could have had the luxury, like you, of spending my entire life in a nice place like the First District of Arizona, but I was doing other things. As a matter of fact, when I think about it now, the place I lived the longest in my life was Hanoi."

The audience sat for a few seconds in stunned silence, then erupted in deafening applause. McCain won the election, served two terms in the House, and then ran for the Senate from Arizona in 1986, winning by increasingly absurd margins every six years.

This ability to make the best of a bad situation is John McCain's hallmark as a public figure. From the moment he set foot again on American soil in 1973, he made it a point not to quarrel with the antiwar protesters of the Vietnam era, even the draft dodgers. In 1994, McCain and future Democratic Presidential nominee John Kerry were invited to the Oval Office

by President Clinton to discuss the political fallout of normalizing relations with Vietnam. "McCain spoke for less than a minute," recalled McCain's chief of staff, Mark Salter. "He basically said, 'It doesn't matter who was for the war, who was against the war. Let's move on.' Clinton just looked at McCain and said, 'You're an amazing man.'"

To be sure, he has not led a pristine public life. Three months after Mc-

"I'm older than dirt and have more scars than Frankenstein. But I've learned a few things along the way."

Cain joined the Senate, a flamboyant Arizona businessman named Charles H. Keating, Jr., asked him and four other Senators (later dubbed the Keating Five) for help with federal regulators investigating his failing thrift, Lincoln Savings & Loan. McCain—along with Senator John Glenn—was less involved with Keating than the others. But he wasn't blameless: His wife and her father had invested \$359,000 in a Keating shopping center, and McCain had accepted, on Keating's expense, trips to the Bahamas, which he had kept quiet.

Still, he later refused to intercede in Keating's behalf (Keating called him a wimp and left McCain's office in a huff) and told federal regulators he "wouldn't want any special favors" for Lincoln Savings & Loan. In the end, McCain earned only a mild rebuke from the Senate Ethics Committee, which found that he'd violated no U.S.

laws but had shown "poor judgment."

Then there's the matter of McCain's famous temper. Many is the time he has sent notes to staffers, and even fellow Senators, apologizing for one outburst or another. During the 2000 Presidential primaries, some Republicans working for Bush tried to undermine McCain's candidacy by disseminating talking points about his short fuse. The Bush people were implying that McCain lacked a proper

Presidential disposition. "The issue became, Is this guy disqualified from being President because his [time as a POW] had unhinged him?" McCain biographer Robert Timberg said in an interview with *Insight* magazine. "I don't know who raised that, but whoever did so spat in the face of every Vietnam veteran."

The response from the McCain staff has been to try to turn a perceived flaw into an asset. One former McCain press secretary, Torie Clarke, explained it this way: "It's amazing the number of people who say, 'He's just so straightforward, he's so refreshing.' And, you know, his temper is a part of that."

McCain has his own way of spinning the temper issue: "I'm sure there have been times in the past when I have made remarks that are intemperate. But I hope I will never lose my capacity to become outraged by

abuses of power and misuse of the trust of the American people. When I see \$233 million for a bridge to an island in Alaska with 50 people on it, I'm angry. When I see Vladimir Putin consolidating the old Russian Empire, I get angry. When I see Hugo Chavez call the President of the United States all kinds of names, I get angry. So the question is, Do you act just out of control, or do you maintain your capacity for anger, which makes you even more motivated to carry out the responsibilities of your oath of office?"

Oh yes, there's that other potential impediment—concerns about his health and age. During the summer of 2000, McCain was diagnosed with

JOHN MCCAIN'S REPORT CARD

BRAINPOWER	2.8
TEMPERAMENT	2.2
COURAGE	3.9
VISION	2.2
COMMUNICATION	3.2
CHARISMA	3.3
INTEGRITY	2.9
EXPERIENCE	3.3
JUDGMENT	2.6

GPA 2.9

rd.com Grade Senator
McCain at rd.com/election.

melanoma (which has been treated successfully, according to his doctors). Even without that grave health threat, political observers note, by 2008 he will be 72 years old—too old, in the view of some, to seek the Presidency.

Asked how he'd answer voters who question whether he has the stamina to handle the White House job, McCain replies, "I think I would say that I'm older

than dirt. That I have more scars than Frankenstein. That I've learned a few things along the way. Anyone who accompanied me in the two months before the last election, or while I was hiking in the Grand Canyon, can attest to the fact that I'm capable of keeping a very rigorous schedule."

BEHIND THE GRADES

For this and future candidate profiles, a panel of experts rates the contender on traits associated with successful Presidencies. Each report card grade is an average of their scores. **4.0** = possesses very strongly, **3.0** = possesses largely, **2.0** = average amount, **1.0** = lacks largely, **0.0** = lacks very strongly.

BRAINPOWER	Knowledgeable, incisive and adept at problem solving
TEMPERAMENT	Calm and rational in tense situations, showing grace under pressure
COURAGE	Willing to take a stand and accept risks, regardless of political and personal fallout
VISION	Promotes large goals for America and policies to fulfill them
COMMUNICATION	Can articulate and "sell" a vision for the country to everyday people
CHARISMA	Has a dynamism and charm that encourages others to follow
INTEGRITY	Honest and trustworthy, engendering respect even among political foes
EXPERIENCE	Savvy about the workings of government so goals can become accomplishments
JUDGMENT	Has a track record of sound decisions based on facts, not hopes or emotions

RD PANEL OF EXPERTS Richard Brookhiser, biographer and historian; Mickey Edwards, former Republican Congressman, Oklahoma; Les Francis, deputy chief of staff, Carter White House; Thomas Mann, senior fellow, Brookings Institution; Norman Ornstein, resident scholar, American Enterprise Institute; John J. Pitney, political scientist, Claremont College; Shirley Anne Warshaw, political scientist, Gettysburg College; Michael Cromartie, vice president, Ethics and Public Policy Center.

ULTIMATELY, his candidacy will likely rise or fall on his policy stands. And he's almost sure to disappoint some constituency he desperately needs. Enamored independents and moderate Democrats will discover that McCain is fully honest when he says, "My 24-year voting record is a consistent, conservative voting record. Socially, fiscally and militarily, I am a conservative." He is certainly pro military and antiabortion, and a foe of excessive federal spending.

But these stands won't necessarily win over the party's base. They aren't forgetting that McCain went against President Bush on his tax cuts, and that he championed federal campaign finance reform alongside liberal Wisconsin Senator Russ Feingold. And evangelicals will be reminded that in 2000, McCain characterized Jerry Falwell and Pat Robertson as "agents of intolerance" and "corrupting influences" in American politics. It's true that last year, Falwell reached out to McCain, who responded by giving the 2006 commencement address at the Falwell-founded Liberty University in Lynchburg, Virginia. That led to charges that McCain was pandering to the evangelicals, even though he delivered the same speech in Lynchburg that he gave at the ultraliberal New School in New York—all about the need for greater tolerance of others in this country.

There has been another shift, though, that's harder to justify. Clearly hoping to mollify conservatives, Mc-

Cain has come out in favor of making the Bush tax cuts permanent, even though in his previous incarnation as a deficit hawk, McCain didn't support them. "A profile in courage can become a profile in unrestrained ambition," said Kenneth Duberstein, Reagan's White House chief of staff, in an interview with *Time* magazine. "He has to remember who his friends are and not spend his integrity on one-night stands with those who will never fully trust him."

On one issue, and it's a big one, McCain has remained constant: Iraq. And that may prove the greatest barrier between McCain and the Presidency. The Senator believes the invasion was the right thing to do, has consistently called for more—not fewer—troops and thinks victory is still possible. Former Senator John Edwards, who is pursuing the 2008 Democratic nomination, has taken to calling the policy of sending more American soldiers to Iraq the McCain Doctrine.

This is intended to stigmatize McCain with voters, which it may do. If that happens, McCain says simply, it's the price of patriotism. "I harbor ambitions to be President of the United States," he says. "Those ambitions pale in comparison to my view that America's national security is paramount, and I have to do what's right, even if it costs me my entire political career."

Call this brave or call it bullheaded. Either way, it's vintage McCain.

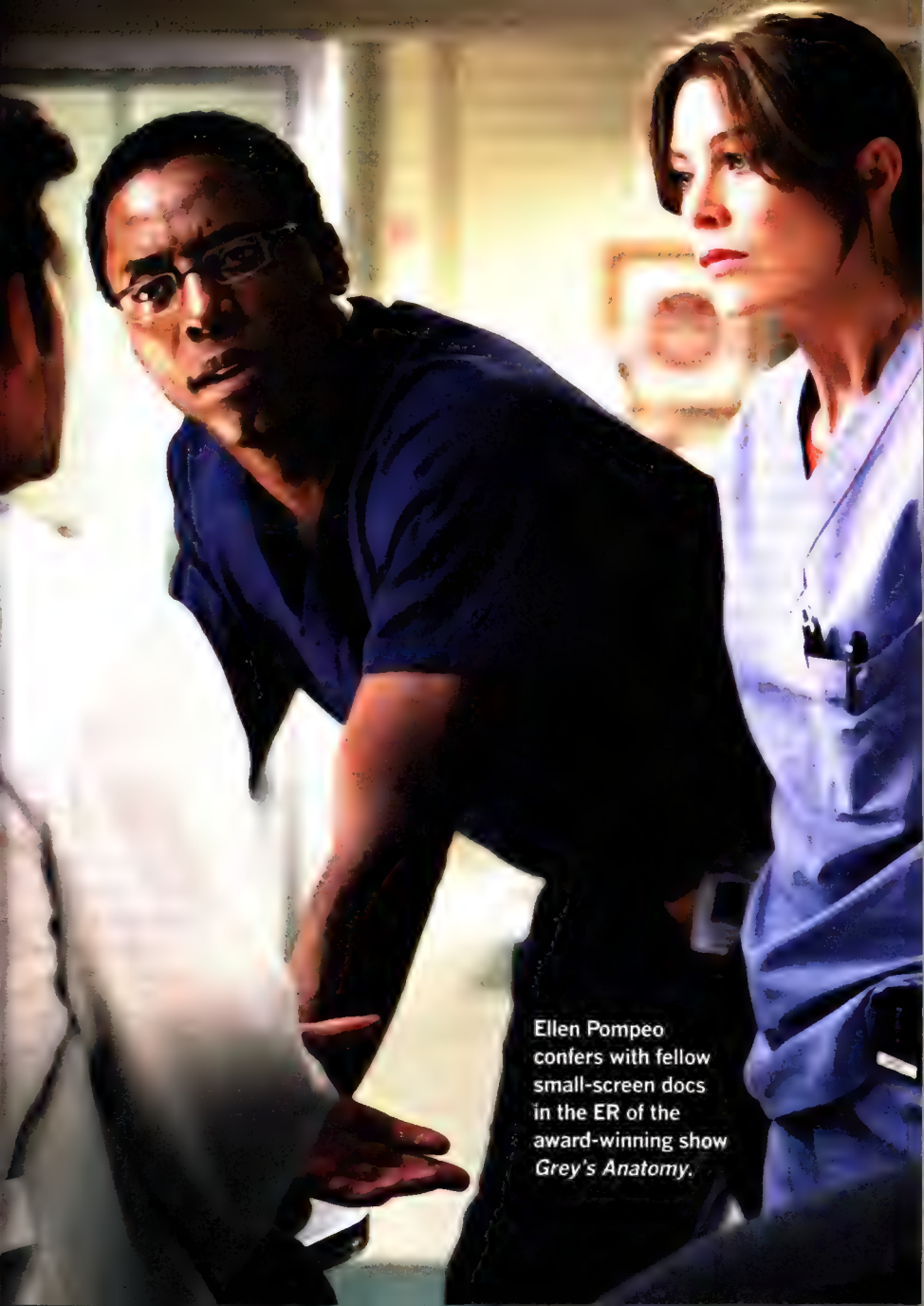
rd.com Read our full interview with Senator McCain at rd.com/election.

Docs in the BOX

Take a peek inside TV's top medical dramas and see how real those cases are

BY MARY A. FISCHER

JUST OUTSIDE the high-pressure ER of fictional Seattle Grace Hospital, home of hit ABC show *Grey's Anatomy*, Dr. George O'Malley is about to make a stupid but believable mistake. As the doctor—played by T. R. Knight—sticks a needle in his patient's arm to draw blood, a drop falls unnoticed onto a piece of gauze. Instead of containing the waste, the doctor hands it, along with the blood sample,



Ellen Pompeo
confers with fellow
small-screen docs
in the ER of the
award-winning show
Grey's Anatomy.

to a nurse, who passes it along to a lab tech. Suddenly, chaos erupts as everyone exposed becomes woozy and collapses.

The episode being filmed comes from a real-life case in Southern California: A woman undergoing chemotherapy ingests some kind of herbal remedy, and the combination emits toxic fumes from her body, causing her attending doctors to pass out. But it wasn't enough for the producers of *Grey's Anatomy* to have their latest story line based on reality; they wanted to make sure all the medical details on the set added up. To do that, they called in Linda Klein, who, after working for more than ten years as a surgical tech and nurse, recently became a producer and medical consultant for *Grey's Anatomy* and *Nip/Tuck*,

the popular FX series about two racy Miami cosmetic surgeons.

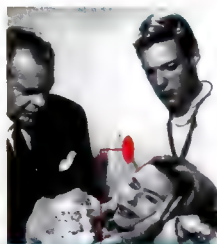
To show the actors how to realistically perform their doctorly duties, to make sure the props—from blood syringes to suture-removal kits—are authentic, and to keep scriptwriters' scenarios from veering into fantasy, Klein puts in long hours on *Anatomy's* set whenever medical procedures are being filmed.

"Linda takes the time to show us exactly how something should be done," says Ellen Pompeo, who plays *Anatomy's* title character, Dr. Meredith Grey (and, as fans will know, the love interest of Dr. Derek "McDreamy" Shepherd). "She makes sure everything is done perfectly."

As medical dramas have evolved from fiction to near fact, professionals

(DR. KILDARE, M*A*S*H, ST. ELSEWHERE) COURTESY EVERETT COLLECTION
(MARCUS WELBY, M.D.) UNIVERSAL TV/COURTESY EVERETT COLLECTION

MDs on the Small Screen: A History



Robert Young, of *Father Knows Best*, played a paternal family practitioner on the ABC hit *Marcus Welby, M.D.*

1961

Dr. Kildare (portrayed by hunky Richard Chamberlain) had a romantic way with patients.

158

1969



1972

The ER moved to the battlefield on CBS's *M*A*S*H*, set in Korea and starring Alan Alda.

St. Elsewhere, which ran for six seasons, was set in a poor Boston teaching hospital and dealt with serious life-and-death issues.

1982



like Klein have become the backbone of such hit shows as *House* and *ER*. They teach actors how to hold a scalpel, insert (fake) intubation tubes, perform CPR, choreograph operations, make incisions into lifelike (prosthetic) chests and brains, and speak and think like doctors—all with the goal of giving TV viewers the prescription they've come to crave: a heavy dose of realism.

FOR DECADES, Americans have had a love affair with medical dramas, popularized in the early 1960s with the hit TV shows *Dr. Kildare* and *Ben Casey*. Back then, the parameters of medical depiction were limited. The central characters were handsome, flawless, godlike figures who rarely

got blood on their hands and never made mistakes. The sanitized image of medicine and its practitioners was a reflection of the script-approval process: Until the mid-1970s, producers routinely submitted scripts to the American Medical Association for review.

By the early '70s, *Marcus Welby, M.D.* and *Medical Center* began dealing with controversial social issues—rape, homosexuality, sexually transmitted diseases—yet still clung to an idealized view of doctors and hospitals. In response to the profound social and political changes sparked by the Vietnam era came *M*A*S*H*, about an Army corps of wisecracking doctors during the Korean War. Against a backdrop of dramatic emergency surgeries performed in wartime, the

Long-running *ER* was created by novelist Michael Crichton. He based the script on his real-life experiences working in an ER.



On *House*, the curmudgeonly star illustrates that docs can have problems too. In his case, it's a painkiller addiction.



1994

2001

2004

Cable's *Nip/Tuck* features glam Miami plastic surgeons and gritty OR scenes.



medics were portrayed as heroes with flaws: libidinous, nurse-chasing boozers with hearts of gold.

"The only way the show could get away with those characters is that as surgeons, they had to be technically beyond reproach and behave correctly as doctors," says Joseph Turow, professor of communication at the Annenberg School of Communi-

cation, University of Pennsylvania.

Ironically, it was a show written by a novelist that ultimately broke through in terms of medical reality. Created in 1994 by Michael Crichton, *ER* launched the career of George Clooney, who played the charming, flirtatious Dr. Doug Ross. "We wanted to show what it was really like to be a doctor in an emergency setting: their

A Checkup With Ellen Pompeo

NOT SINCE TV's Ally McBeal has there been such a quirky, angst-ridden but lovable prime-time character as Meredith Grey. In portraying the female lead of *Grey's Anatomy*, Ellen Pompeo has generated a lion's share of the show's water-cooler and online chatter, and she was nominated for a Golden Globe. The actress has come a long way since an agent first approached her in the mid-1990s in a New York restaurant, where she was working as a bartender. A native of Boston, she made her film debut in *Moonlight Mile* opposite Jake Gyllenhaal, but found her true calling playing a surgical intern on the small screen.

Now 37, Pompeo recently sat down with *Reader's Digest* to talk about her engagement to longtime boyfriend, record producer Chris Ivery, her views on doctors, and her steamy scenes with costar Patrick "Dr. McDreamy" Dempsey.

RD: Which was the bigger surprise—your engagement or your Golden Globe nomination?

Pompeo: They were both very, very surprising, and I wasn't expecting either, honestly.

RD: How does your fiancé react to your romantic scenes with Patrick Dempsey?

Pompeo: Chris is the most secure man I know, which is why I'm going to marry him. But I don't like to throw these scenes in his face. I certainly wouldn't like to see him kissing another woman on-screen. He's not an actor, so he doesn't understand just how unsexy it really is with 40 crew members standing around and doing multiple takes.

RD: I hear you try to distract him from watching the romantic scenes.

Pompeo: Well, yes, baking chocolate chip cookies is a good way. He loves my chocolate chip cookies, so I put

flaws and exhaustion, the crowded waiting room, the explicit surgeries, successful and botched," says Dr. Fred Einesman, *ER*'s medical advisor. "The show became a phenomenon in the medical community at the time because it was so accurate."

Einesman would know. He worked for more than 15 years as an ER doctor at Cedars-Sinai Medical Center in

Los Angeles. "In the beginning," he recalls, "we said 'That's too bloody to show,' or 'We can't use technical medical jargon.' But now, viewers expect it to be real."

"In Hollywood, what sells is sex and violence," says Professor Turow. So when *ER* has to get people's attention in sweeps week, they have an incredible helicopter crash or a bus

them in the oven and make him check on them all the time.

RD: What do you like most about the character of Meredith Grey?

Pompeo: The fact that she's flawed but is determined to become a surgeon even though she doubts herself sometimes. There's a remarkable amount of sexism on TV. When male characters are flawed, they're interesting, deep and complex. But when female characters are flawed, they're just a mess. It's good to put more flawed but interesting female characters out there because it promotes equality.

RD: Has playing the role of Meredith Grey given you certain expectations about doctors and hospitals that you didn't have before?

Pompeo: No. I have fewer expectations now because I understand more about what it

means to be a doctor and what they have to deal with. With all the pressure they're under, and the many other things they have going on at any one moment, I understand now why they can't be as compassionate as I might like them to be.

RD: Tell us what you have learned about the medical profession.

Pompeo: I certainly have more respect for doctors than before. I didn't realize the fatigue and pressure that most of them are working under all the time. It's one of the few professions where if you make a mistake, it can mean somebody's life.

rd.com Listen to more of the Ellen Pompeo interview—and view a slide show of on-the-set photos—at rd.com/pompeo.



accident with lots of blood. Or *Grey's Anatomy* has two people impaled on a pole.

Today, there are few taboo subjects. AIDS, abortion, even the death penalty have been addressed on recent episodes of *House*. When a death row inmate becomes seriously ill, Dr. Gregory House, the chronically cranky, pain-pill-addicted medical genius played by Golden Globe winner Hugh Laurie, rises to the diagnostic challenge. Is it a tumor, a blood disease? No, turns out the inmate ingested toxic copy machine fluid, wanting to have control over his own death.

INFUSING MEDICAL authenticity starts with finding real cases. Stories come from everywhere. Magazines, newspapers, medical journals—including *JAMA*, *Annals of Emergency Medicine*—and nurses and residents around the country. “I’m always asking people I meet at parties if they know of interesting cases, and they usually do,” says Tony Phelan, an executive producer on *Grey's Anatomy*.

ER's medical advisor Einesman has seen several of his real-life cases end up as episodes, and he recalls one that still haunts him to this day.

In the mid-1980s, a 45-year-old man was rushed to the hospital after having a massive heart attack. “When we did CPR, he would open his eyes,” Einesman recalls, “but every time we stopped, his eyes would close and he’d fade away. This went on for 40 minutes, until finally we had to let him

go. When I saw it on *ER*, I became emotional for the first time; in the hospital I had to remain objective and didn’t have the luxury of reacting emotionally.”

Einesman has shared that lesson in reality when advising actors about how to make their interactions with patients look real. “I tell them, ‘You don’t have time to emote here; you have to get the job done. There are 35 people in the waiting room, and you have to see one patient every 15 minutes.’”

On *House*, consultant David Foster, formerly an instructor at Harvard Medical School, makes sure the title character sounds authentic while talking about medical jargon. “When House and his team argue about a particular diagnosis,” says Foster, “it has to be a condition that is actually debatable.”

Character is one thing, but the props and special effects are equally important. Chest cavities, ribs, layers of intestines, hearts and brains—usually prosthetics made of latex and rubber—have to be anatomically correct. Medical consultant Linda Klein sometimes relies on her local butcher shop to supply cows’ brains and intestines.

Scrupulous attention is also paid to getting the various consistencies of blood right. According to *ER*'s Einesman, there are 17 different types, including circulating, congealed and mouth blood—appropriate for specific procedures or injuries. Karo syrup mixed with blue and red dye, for ex-

ample, gives the thick, drying blood you'd see congealed on an old knife wound or a battered corpse.

Actual cervical-spine x-rays and MRIs from anonymous patients' files are used on *ER*, and the medical equipment on these shows—heart monitors, respirators, EKGs—is also authentic, as are the machines' numerical readings to reflect the cases being portrayed.

Still, for all their realism, these dramas remain, at heart, fiction. "They set up unrealistic expectations about doctors and hospitals," points out Professor Turow. "Who wouldn't want a Dr. McDreamy listening intently to their problems? But when you go to a hospital, it can be a scary place. Doctors and nurses are overloaded, and in these days of managed care, you're lucky if you see the same doctor twice."

"The idea that there's one brilliant doctor, like Gregory House, who would become that invested in a real-life patient's case is very appealing," says David Foster. "Anyone who's

gone to an HMO knows differently."

A persistent criticism of these series from the medical community is the survival rate of both CPR and coma patients, which medical research says is much less successful in real life. Another criticism: Nobody ever talks about money or insurance.

"Now and then on *ER*, you'll get the sense of a beleaguered hospital with people waiting for care," Turow says. "But you don't see anyone at the reception booth being asked for their insurance card. And there's no real social context—American society owning up to what it means to have the baby-boom generation marching toward its final years."

Still, there's no arguing with one aspect of medical dramas. The successful formula of presenting doctors who care but have flaws and make mistakes leads to a scary truth. Says Turow, "It's a crapshoot on these shows as to whether a patient will come out okay—which is just like in the real world."

PAWS FOR CONCERN

From the *Arkansas Democrat-Gazette* police blotter: "A man on South Walton Boulevard reported a man with a small white dog yelling obscenities."

A British newspaper, *The Independent* on Sunday, ran the following news flash: "Welsh tortoise recaptured 1.8 miles from home after eight months on the run."



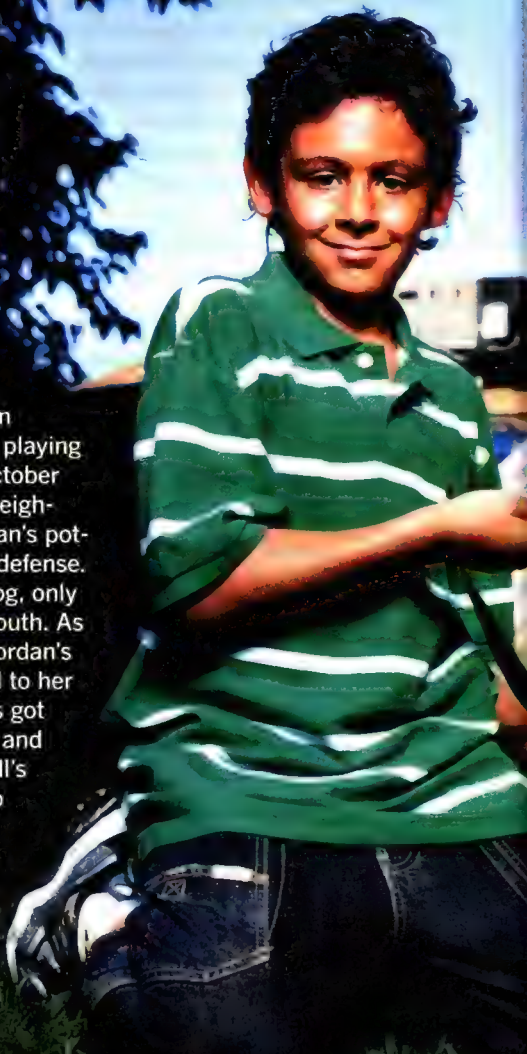
The pig who saved a boy's life, and other amazing animals

BY MAUREEN MACKEY

The Bodyguard

She's 150 pounds of pork and attitude, and good thing too. When seven-year-old Jordan Jones was playing outside his Las Vegas home in October 2004, a pit bull escaped from a neighbor's yard and charged him. Jordan's pot-bellied pig, Dasiey, rushed to his defense. She intercepted the aggressive dog, only to find her own head inside its mouth. As the pit bull held on, Kim Jones, Jordan's mom, grabbed her son and called to her husband, "Help Dasiey! The dog's got her!" Ron Jones ran for his pistol and asked permission from the pit bull's owner—now also at the scene—to fire. The pit bull died instantly.

Dasiey's heroic actions left her with a badly severed ear and several bites and scratches. "But she made a good recovery," says Kim Jones. "She's just as smart and sweet as ever."



Hero Pets





▲ That's No Birdbrain Sunshine's radiant colors are a good match for this six-year-old macaw's bold personality. When a burglar broke into J. W. Erb's apartment in Williamsport, Pennsylvania, one January day in 2006, the bird was sitting on top of his cage—"a favorite perch," Erb says—awaiting his owner's return from work as a hairdresser. Spotting the stranger, who began ransacking the place, Sunshine flew at him, pecking madly. An awful scuffle ensued. "And my bird won," says Erb. The burglar fled, \$100 richer—but beaten up. When Erb got home, he found his beloved pet curled up in a corner, traumatized, with blood and feathers everywhere. Erb called police, who nabbed their suspect shortly after; he'd been brought in on another charge. Beak bite-marks gave him away.



► **Pet Pals** When an electrical fire roared through the Gardner family home in Palo Cedro, California, in December 2006, firefighters rushed in but fortunately found no one inside. Still, two-year-old Casey, the Gardner's black Lab who had followed rescuers into the house, wouldn't give up. "He's very attached to us," says Robert Gardner, 33, who was in town with his family watching the Christmas-tree lighting. "Firefighters told me that even though the house was filling with smoke, Casey kept running from room to room, searching."

When the dog found Cindy, the family's plump and elderly cat, he used his nose to nudge the scared-to-death feline out of the house. Gardner, who with wife Chyla celebrated the birth of their fourth child this past Christmas, feels blessed. "It was heart-wrenching to lose our home. But Casey's a hero. Thanks to him, we still have Cindy."



◀ **Dig This** In October 2006, Norman and Eve Fertig were outside feeding the wildlife at their animal sanctuary in Alden, New York, when a snowstorm suddenly blew in, felling trees and cutting power. Unable to get back to their home, the couple were stranded in the forest. "We're gonna die out here," Eve recalls saying. Shana, their timber wolf-German shepherd mix, began digging a path to the house under the fallen branches. She returned for the couple, carrying Eve on her back as Norman trudged behind. "Shana saved our lives," says Eve.

rd.com To view a photo slide show of these heroic pets, and to send us your stories, go to rd.com/heropets.



THE HOARDING SYNDROME

WHEN GOES OUT OF CONTROL

BY DEBORAH BRANSCUM

AS THE CASEWORKER from Child Protective Services approached Sue Howard's home last year, she knew something was wrong. Outside the one-story brick house on a quiet, leafy street in Nacogdoches, Texas, a blue dresser stood against one wall. The front porch was crowded with papers, books, an open bag of cat food, toys, a bunch of shoes and several pairs of roller skates. The white steel front door, which had fallen off its hinges, was propped up in the door frame.

Inside the house it was much worse. The entry hall was crammed with a love seat, boxes and so much clothing, the case-worker had to step on it to get to the dark, wood-paneled living

room and then the dining area, where piles of papers, books and other objects (including boxes and boxes of past-their-prime Girl Scout Cookies) were stacked on nearly every surface.

This was not the life Sue Howard had imagined in 1988, when she married and joined her husband in satisfying but low-paying church work. Her family had grown at a much faster rate than their modest income. The financial struggle became overwhelming.

About nine years ago, Howard, now 42, began to feel trapped by poverty. "I thought, What can I do? I'll do what my grandma did." From that moment, Howard refused to discard anything she considered potentially useful.

In 2001, when her husband went to graduate school, Howard began selling books online. She took pride in snapping up bargains for her four children and her business at thrift stores, garage sales and Wal-Mart. But those bargains gradually took over the household, adding to the tension of an already troubled marriage. The scuffed kitchen floor was sometimes sticky, and appliances, including the dishwasher and refrigerator, were often on the fritz. Howard was too embarrassed to allow a stranger in to do repairs and too overwhelmed to clean up a home filled with clutter. Every time the doorbell rang, her stomach knotted in fear.

Between 2002 and 2005, caseworkers visited Howard's home at least five times in response to anonymous calls. They gave Howard and her husband time to clean up the property, which

they always did. But the visit in May 2006 was different. By then, Howard had separated from her husband and was raising Kelsie, 16, Zachary, 15, Clay, 10, and Ben, 8, on her own for almost a year and a half. The clutter was getting worse—and potentially dangerous. The caseworker told Howard to move the children to their father's apartment.

DANGEROUS COMPULSION

Saving stuff, in moderation, is usually considered normal. But this otherwise healthy impulse can go too far and develop into what some experts consider a clinical obsessive-compulsive disorder. Compulsive hoarding can't be chalked up to eccentricity or a character flaw. It's more serious and harder to control than that. "This is not laziness, criminal negligence or failure to attend to the responsibilities of life," explains Sanjaya Saxena, MD, director of the Obsessive-Compulsive Disorders Program at the University of California, San Diego. "It is, in fact, a neuropsychiatric disorder that will not get better unless the person is treated."

And it can lead to tragic consequences. One of the most famous cases involved the wealthy and reclusive Collyer brothers. In 1947, their bodies were discovered in a crumbling New York City mansion packed with more than 100 tons of junk. Last year, a resident of Shelton, Washington, was smothered when a massive pile of clothes toppled on her. And a few fatal fires

have even made headlines. Hoarders tend to fill their homes with flammable material and often block hallways and exits in the process, which can make escaping a fire impossible.

Hoarding can affect people of all ages and backgrounds. As many as three million to six million Americans may be afflicted at some level, and Saxena warns that hoarding often requires extensive treatment. But many deny that they have too much stuff or

old newspapers may see an archive of valuable, potentially life-changing information. From that perspective, discarding a newspaper is wasteful, foolish, perhaps even a personal failure. And so this clinical disorder transforms the everyday act of throwing away an object into a deeply wrenching, personal violation.

Organization is also a nightmare. Steketee and Frost say that compulsive hoarders usually have trouble

IT LOOKED LIKE THE CITY DUMP. THERE WAS STUFF PILED UP ABOUT FOUR FEET HIGH—

that the clutter is a problem. And even those who seek treatment can't always find or afford the currently recommended approach: cognitive-behavioral therapy (sometimes paired with medication) from a specialist.

And it's a myth that hoarders keep only junk. Like the rest of us, they may save things that are beautiful, useful or have sentimental value, say national experts Gail Steketee, PhD, professor and acting dean at the School of Social Work at Boston University, and Randy O. Frost, PhD, a psychologist at Smith College. The difference is that hoarders often find beauty, utility and meaning where others don't.

Most people, for example, can recycle an old newspaper without a second thought. But a hoarder who saves

categorizing items, find it difficult to make decisions, and worry that objects not in sight will be forgotten. They might leave clothes on top of a bureau, for example, instead of putting them in drawers. Over time, a few items piled here

and there grow into mountains of dangerous clutter.

How dangerous? The dust, mildew, mold and rodent droppings commonly found in extreme clutter can irritate allergies or lead to headaches or respiratory problems like asthma for hoarders and their families. In some cases, home maintenance suffers, so individuals may endure freezing winters without heat and sweltering summers with no air conditioning. Clutter also places hoarders and their families, especially the elderly, at high

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PICTURES**

risk of injuring themselves in a fall.

Extreme hoarding endangers not only the residents but also neighbors and firefighters, who face greater risk of injury and death when battling clutter-fed flames. It can become a financial threat to communities as well. Making a hoarder's home safe and habitable can be staggeringly expensive, and hoarders can't always pick up that tab. One year, the health department of a small town spent approximately 75 percent of the community's entire budget on cleaning out a hoarder's home, according to Frost. A mere 18 months later, "the home was back the way it was before."

HOW THE FAMILY SUFFERS

Family members often feel angry and resentful about a hoarder's seemingly inexplicable behavior. They also feel trapped. Forcible cleanups are risky, but so is honoring a hoarder's wishes to be left alone. Relatives often try to sort through a hoard secretly or without permission. That's "a very bad idea," according to Fugen Neziroglu, PhD, co-author of *Overcoming Compulsive Hoarding* and clinical director of the Bio-Behavioral Institute of Great Neck, New York.

Neziroglu encourages family members to take a different approach and confront hoarders about the problem with the help of an experienced therapist. Experts like her caution that disposing of a person's belongings without permission can lead to trauma or worse. But relatives

say they don't always have a choice.

"The constant refrain we hear from professionals is 'If they aren't a danger to others, then they have a right to live how they want,'" says Donna Austin, who founded the Children of Hoarders online support group (childrenofhoarders.com). "When an aging parent runs the daily risk of slipping on glossy magazines on the floor and breaking a hip, or lives in an extreme fire hazard, it's not so easy to stand by and do nothing."

It's not so easy to help either. By the time Eugenia Lester's children stepped in, the 60-year-old former businesswoman was sleeping in the yard of her Southern California home. Piles of stuff blocked every door of the pale stucco residence, which could be entered only through a window. Unhappy neighbors had circulated a petition to force Lester out of the area, and she was in and out of court for failing to clean up the property, according to her daughter Cynthia, a 28-year-old filmmaker in New York. Even as rats rooted through refuse in the uninhabitable home, Lester was unable or unwilling to acknowledge the physical and legal dangers she faced.

Son Brian, 25, says cleaning out his mother's home was like working at a landfill. "Everything inside was rotted and mildewed," he says. "It looked like the city dump. There was stuff piled up about four feet high—trash, pictures, clothes, newspapers." Household leaks meant the bottom layer was wet; the entire house stank.

Cynthia's upcoming documentary,



While Sue Howard's hoarding is more under control in her house, her garage (above) still harbors some clutter.

My Mother's Garden, records the long, painful process of separating Lester from most of her possessions during the summer and fall of 2005. It took Lester's children about eight weeks and some \$20,000 simply to empty the place. Lester's disorder made her anything but grateful when she returned home after the cleanup. "I hate you people; you robbed me," she shouted, then started weeping. A few weeks later, Lester was so depressed and suicidal that she needed emergency care.

More than a year after the painful intervention, Lester seems to be doing

much better in a board-and-care facility. "I think our family and my mother are in a much better space," Cynthia says. "We are closer and happier." But Cynthia is still trying to arrange appropriate treatment for her mother's disorder.

Steketee says hoarders and their families pay a toll for interventions. "Whichever family members carry the stick are going to pay for that in terms of the relationship," she says. The Lester family was no exception. Cynthia says her mother may never forgive her for the forced cleanup.

Clearing a clutter-ridden home is so stressful that family members are often tempted to simply trash everything, which adds to the hoarder's dis-

trepreneur. Experienced organizers, while they can't treat the problem, can help preserve family relationships and do more than fill dumpsters. New York City-based Bergfeld's Estate Clearance Service, for example, has uncovered valuable jewelry, musical instruments and historically important documents for clients, who sometimes mix treasures with trash.

NOT CURED BUT UNDER CONTROL

During a big cleanup in 2002, Sue Howard worried that her husband was tossing too much, so she hid a few bags destined for the dump. As he returned them to the trash pile, Howard begged to keep them—even though she wasn't sure what they held. And she wondered, Is this what drug addicts do, begging to keep their drugs?

After a counselor suggested she might be a hoarder, Howard found information and support on the Yahoo!

Messiness-and-Hoarding online self-help group. Despite efforts to declutter, though, her house never stayed clean. Having her children taken away from her last year forced Howard to recognize how she had sabotaged decluttering efforts by continuing to bring new stuff home. Since that has stopped, she says, much of the household clutter is gone—but there's still more to do. "My children mean everything to me, and I've worked very hard in my fight to get them back."

The newly spacious home is a pleasure for Howard and her children, who live there on weekends. But Howard understands that her fight isn't over. She likely faces a lifelong battle against the compulsion to acquire more—just in case. "I'll still have hoarding tendencies, but I have to keep telling my brain the truth," she says. "God's going to provide what I need."

rd.com Could you be a hoarder? Take a quiz to find out at rd.com/hoarding.

THE LONELY HEARTS CLUB BAND

Love hurts. Just ask these guys. They wore their hearts on their sleeves—only to have them tailored.

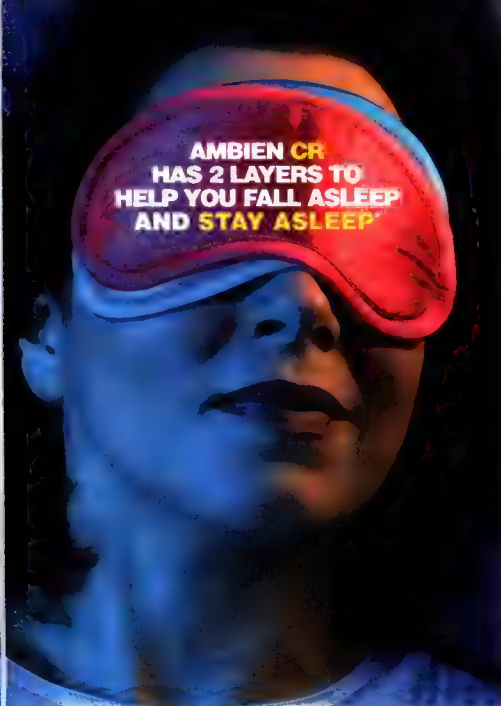
"A girl I liked said she wouldn't date people born the same month as she was."—Greg, 22

"A woman told me she'd be too tired the night I asked her out, but she told me this two days ahead of time."—Kevin, 41

"A girl said that her car broke down and then gave me a big, long story about what was wrong. Only problem? I have a car and could've driven her. Plus, I'm a mechanic."—Wally, 20

"She told me that she had to go buy the doughnuts for her singles STDs group. Point taken."—Greg, 32

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With AMBIEN CR getting to sleep fast and staying asleep helps you wake up and get ready for the day. AMBIEN CR is a treatment option you and your healthcare provider can consider along with lifestyle changes and can be taken for as long as your healthcare provider recommends. Ask your healthcare provider about the latest AMBIEN, AMBIEN CR — and don't forget to mention the CR.

*Proven effective for up to 7 hours in clinical studies. **Individual results may vary.

Important Safety Information

AMBIEN is indicated for the short-term treatment of insomnia.

When you first start taking AMBIEN, use caution in the morning when engaging in activities requiring complete alertness until you know how you will react to this medication. In most instances, memory problems can be avoided if you take AMBIEN only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again. As with any sleep medication, do not use alcohol while you are taking AMBIEN.

Prescription sleep aids are often taken for 7 to 10 days — or longer as advised by your healthcare provider. Like most sleep medicines, it has some risk of dependency.

There is a low occurrence of side effects associated with the short-term use of AMBIEN. The most commonly observed side effects in controlled clinical trials were drowsiness (2%), dizziness (1%), and diarrhea (1%).

AMBIEN CR is indicated for treating insomnia.

It is a treatment option you and your healthcare provider can consider along with lifestyle changes and can be taken for as long as your healthcare provider recommends. Until you know how AMBIEN CR will affect you, you shouldn't drive or operate machinery. Be sure you're able to devote 7 to 8 hours to sleep before being active again. Side effects may include next-day drowsiness, dizziness and headache. It's non-narcotic; however, like most sleep medicines, it has some risk of dependency. Don't take it with alcohol.

Not actual pill size.

Please see important patient information on adjoining page.

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INFORMATION FOR PATIENTS

Ambien CR™ @

(zolpidem tartrate extended-release) tablets



INFORMATION FOR PATIENTS TAKING AMBIEN CR

Your doctor has prescribed Ambien CR to help you sleep. The following information is intended to guide you in the safe use of this medicine. It is not meant to take the place of your doctor's instructions. If you have any questions about Ambien CR tablets be sure to ask your doctor or pharmacist.

Ambien CR is used to treat different types of sleep problems, such as:

- trouble falling asleep
- waking up often during the night

Some people may have more than one of these problems.

Ambien CR belongs to a group of medicines known as the "sedative/hypnotics," or simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Sleep problems are usually temporary, requiring treatment for only a short time, usually 1 or 2 days up to 1 or 2 weeks. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

SIDE EFFECTS

Most common side effects:

- headache
- somnolence (sleepiness)
- dizziness

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien CR that is best for you.

To manage these side effects while you are taking this medicine:

- When you first start taking Ambien CR or any other sleep medicine until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.
- NEVER drink alcohol while you are being treated with Ambien CR or any sleep medicine. Alcohol can increase the side effects of Ambien CR or any other sleep medicine.
- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien CR.
- Always take the exact dose of Ambien CR prescribed by your doctor. Never change your dose without talking to your doctor first.

SPECIAL CONCERNS

There are some special problems that may occur while taking sleep medicines.

Memory problems: Sleep medicines may cause a special type of memory loss or "amnesia." When this occurs, a person may not remember what has

happened for several hours after taking the medicine. This is usually not a problem since most people fall asleep after taking the medicine.

Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Be sure to talk to your doctor if you think you are having memory problems. Although memory problems are not very common while taking Ambien CR, in most instances, they can be avoided if you take Ambien CR only when you are able to get a full night's sleep (7 to 8 hours) where you need to be active again.

Tolerance: When sleep medicines are used every night for more than a few weeks, they may lose their effectiveness to help you sleep. This is known as "tolerance." Sleep medicines should, in most cases, be used only for short periods of time, such as 1 or 2 days and generally no longer than 1 or 2 weeks. If your sleep problems continue, consult your doctor, who will determine whether other measures are needed to overcome your sleep problems.

Dependence: Sleep medicines can cause dependence, especially when these medicines are used regularly for longer than a few weeks or at high doses. Some people develop a need to continue taking their medicines. This is known as dependence or "addiction."

When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and unpleasant symptoms may occur (see *Withdrawal*). They may find that they have to keep taking the medicines either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks.

If you have been addicted to alcohol or drugs in the past, it is important to tell your doctor before starting Ambien or any sleep medicine.

Withdrawal: Withdrawal symptoms may occur when sleep medicines are stopped suddenly after being used daily for a long time. In some cases, these symptoms can occur even if the medicine has been used for only a week or two.

In mild cases, withdrawal symptoms may include unpleasant feelings. In more severe cases, abdominal and muscle cramps, vomiting, sweating, shakiness, and rarely, seizures may occur. These more severe withdrawal symptoms are very uncommon.

Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights.

If you have been taking Ambien CR or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

Changes in behavior and thinking: Some people using sleep medicines have experienced unusual changes in their thinking and/or behavior. These effects are not common. However, they have included:

- more outgoing or aggressive behavior than normal
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used.

It is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

Pregnancy: Sleep medicines may cause sedation of the unborn baby when used during the last weeks of pregnancy.

Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR.

SAFE USE OF SLEEPING MEDICINES

To ensure the safe and effective use of Ambien CR or any other sleep medicine, you should observe the following cautions:

1. Ambien CR is a prescription medicine and should be used ONLY as directed by your doctor. Follow your doctor's instructions about how to take, when to take, and how long to take Ambien CR. Ambien CR tablets should not be divided, crushed, or chewed, and must be swallowed whole.
2. Never use Ambien CR or any other sleep medicine for longer than directed by your doctor.
3. If you notice any unusual and/or disturbing thoughts or behavior during treatment with Ambien CR or any other sleep medicine, contact your doctor.
4. Tell your doctor about any medicines you may be taking, including medicines you may buy without a prescription. You should also tell your doctor if you drink alcohol. DO NOT use alcohol while taking Ambien CR or any other sleep medicine.
5. Do not take Ambien CR unless you are able to get a full night's sleep before you must be active again. For example, Ambien CR should not be taken on an overnight airplane flight of less than 7 to 8 hours since "traveler's amnesia" may occur.

6. Do not increase the prescribed dose of Ambien CR or any other sleep medicine unless instructed by your doctor.
7. When you first start taking Ambien CR or any other sleep medicine, until you know whether the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.

8. Be aware that you may have more sleeping problems the first night after stopping Ambien CR or any other sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien CR or any other sleep medicine.
10. As with all prescription medicines, never share Ambien CR or any other sleep medicine with anyone else. Always store Ambien CR or any other sleep medicine in the original container that you received it in and store it out of reach of children.

INFORMATION FOR PATIENTS

Ambien CR™ (zolpidem tartrate extended-release) tablets

11. Ambien CR works very quickly. You should only take Ambien CR right before going to bed and are ready to go to sleep.

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Bridgewater, NJ 08807

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INFORMATION FOR PATIENTS

Ambien® CR (zolpidem tartrate)

INFORMATION FOR PATIENTS TAKING AMBIEN

Your doctor has prescribed Ambien to help you sleep. The following information is intended to guide you in the safe use of this medicine. It is not meant to take the place of your doctor's instructions. If you have any questions about Ambien tablets be sure to ask your doctor or pharmacist.

Ambien is used to treat different types of sleep problems, such as

- trouble falling asleep
- waking up too early in the morning
- waking up often during the night

Some people may have more than one of these problems.

Ambien belongs to a group of medicines known as the "sedative/hypnotics," or simply, sleep medicines. There are many different sleep medicines available to help people sleep better. Sleep problems are usually temporary, requiring treatment for only a short time, usually 1 or 2 days up to 1 or 2 weeks. Some people have chronic sleep problems that may require more prolonged use of sleep medicine. However, you should not use these medicines for long periods without talking with your doctor about the risks and benefits of prolonged use.

SIDE EFFECTS

Most common side effects: All medicines have side effects. Most common side effects of sleep medicines include

- drowsiness
- dizziness
- lightheadedness
- difficulty with coordination

You may find that these medicines make you sleepy during the day. How drowsy you feel depends upon how your body reacts to the medicine, which sleep medicine you are taking, and how large a dose your doctor has prescribed. Daytime drowsiness is best avoided by taking the lowest dose possible that will still help you sleep at night. Your doctor will work with you to find the dose of Ambien that is best for you.

To manage these side effects while you are taking this medicine

- When you first start taking Ambien or any other sleep medicine until you know whether the medicine will still have some carryover effect in you

the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.

- NEVER drink alcohol while you are being treated with Ambien or any sleep medicine. Alcohol can increase the side effects of Ambien or any other sleep medicine.

- Do not take any other medicines without asking your doctor first. This includes medicines you can buy without a prescription. Some medicines can cause drowsiness and are best avoided while taking Ambien.

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There are some special problems that may occur while taking sleep medicines.

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Memory loss can be a problem, however, when sleep medicines are taken while traveling, such as during an airplane flight and the person wakes up before the effect of the medicine is gone. This has been called "traveler's amnesia."

Memory problems are not common while taking Ambien. In most instances memory problems can be avoided if you take Ambien only when you are able to get a full night's sleep (7 to 8 hours) before you need to be active again. Be sure to talk to your doctor if you think you are having memory problems.

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When people develop dependence, they may have difficulty stopping the sleep medicine. If the medicine is suddenly stopped, the body is not able to function normally and unpleasant symptoms (see *Withdrawal*) may occur. They may find they have to keep taking the medicine either at the prescribed dose or at increasing doses just to avoid withdrawal symptoms.

All people taking sleep medicines have some risk of becoming dependent on the medicine. However, people who have been dependent on alcohol or other drugs in the past may have a higher chance of becoming addicted to sleep medicines. This possibility must be considered before using these medicines for more than a few weeks.

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Another problem that may occur when sleep medicines are stopped is known as "rebound insomnia." This means that a person may have more trouble sleeping the first few nights after the medicine is stopped than before starting the medicine. If you should experience rebound insomnia, do not get discouraged. This problem usually goes away on its own after 1 or 2 nights. If you have been taking Ambien or any other sleep medicine for more than 1 or 2 weeks, do not stop taking it on your own. Always follow your doctor's directions.

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- more outgoing or aggressive behavior than normal
- loss of personal identity
- confusion
- strange behavior
- agitation
- hallucinations
- worsening of depression
- suicidal thoughts

How often these effects occur depends on several factors, such as a person's general health, the use of other medicines, and which sleep medicine is being used. Clinical experience with Ambien suggests that it is uncommonly associated with these behavior changes.

It is also important to realize that it is rarely clear whether these behavior changes are caused by the medicine, an illness, or occur on their own. In fact, sleep problems that do not improve may be due to illnesses that were present before the medicine was used. If you or your family notice any changes in your behavior, or if you have any unusual or disturbing thoughts, call your doctor immediately.

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7. When you first start taking Ambien or any other sleep medicine until you know whether

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(zolpidem tartrate)

the medicine will still have some carryover effect in you the next day, use extreme care while doing anything that requires complete alertness, such as driving a car, operating machinery, or piloting an aircraft.

8. Be aware that you may have more sleeping problems the first night or two after stopping Ambien or any other sleep medicine.
9. Be sure to tell your doctor if you are pregnant, if you are planning to become pregnant, or if you become pregnant while taking Ambien.
10. As with all prescription medicines, never share Ambien or any other sleep medicine with anyone else. Always store Ambien or any other sleep medicine in the original container out of reach of children.
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Adding It All Up

BY RICK MORANIS FROM "THE NEW YORK TIMES"

The average American home now has more television sets than people—according to Nielsen Media Research. There are 2.73 TV sets in the typical home and 2.55 people, the researchers said.

The Associated Press, September 21, 2006

I have two kids. Both are away at college.

I have five television sets. (I like to think of them as a set of five televisions.) I have two DVR boxes, three DVD players, two VHS machines and four stereos.

I have nineteen remote controls, mostly in one drawer.

I have three computers, four printers and two faxes. I have three phone lines, three cell phones and two answering machines. I have no messages.



I have forty-six cookbooks.

I have sixty-eight takeout menus from four restaurants.

I have one hundred and sixteen soy sauce packets.

I have three hundred and eighty-two dishes, bowls, cups, saucers, mugs and glasses.

I eat over the sink.

I have five sinks, two with a view.

I try to keep a positive view.

I have thirty-nine pairs of golf, tennis, squash, running, walking, hiking, casual and formal shoes, ice skates, and Rollerblades. I'm wearing slippers.

I have forty-one 37-cent stamps.

I have no 2-cent stamps.

I read three dailies, four weeklies, five monthlies and no annual reports.

I have five hundred and six CD, cassette, vinyl and eight-track recordings. I listen to one radio station all day.

I have twenty-six sets of linen for

four regular, three foldout and two inflatable beds.

I don't like having houseguests.

I have one hundred and eighty-four thousand frequent-flier miles on six airlines, three of which no longer exist.

I have 101 Dalmatians on tape.

I have fourteen digital clocks flashing relatively similar times.

I have twenty-two minutes to listen to the news.

I have nine armchairs from which I can be critical.

I have a laundry list of things that need cleaning.

I have lost more than one thousand golf balls.

I am missing thirty-seven umbrellas.

I have over four hundred yards of dental floss.

I have a lot of time on my hands.

I have two kids coming home from college for spring break.

"THE NEW YORK TIMES" (NOVEMBER 22, 2006), © 2006 BY THE NEW YORK TIMES CO., 229 W 43RD ST NEW YORK, NY 10036

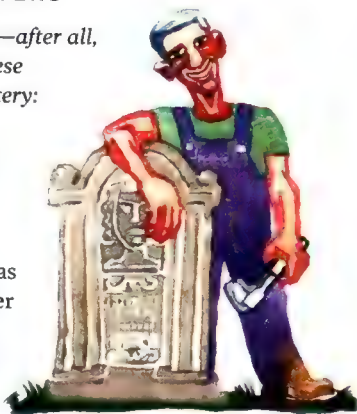
GRAVE MATTERS

If someone misspeaks, it's usually fixable—after all, it's not carved in stone. Then there are these two epitaphs I discovered in a local cemetery:

She lived with her husband 50 years and died in a confident hope of a better life.

Here lies Jane Smith, wife of Thomas Smith, marble cutter. This monument was erected by her husband as a tribute to her memory and as a specimen of his work. Monument of the same size: \$350.

American Heritage Magazine,
submitted by REV. WALTER CHELLBERG



May they share secrets
instead of germs.



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Possessed By Love

When the man of her dreams descended into madness, she became his victim

BY ELLEN SHERMAN

KATHRYN KEATS AWOKE IN A PANIC, convinced she'd heard the curtains in front of her bedroom's French doors swaying. In the dim glow from a bathroom night-light, she made out a ghostly shadow on the wall and froze, terrified. The suburban wife and mother had spent much of her adult life eluding a man bent on killing her, and now she was certain he had finally found her. I am going to die, she thought.



The figure lunged toward her. But instead of the assault of a murderous stalker, Keats, 43, felt her seven-year-old son wrapping his arms around her. Frightened by a bad dream, he'd come to his parents' room for comfort. "All I could think was, If I'd had a gun, I would have shot him," Keats says today. "No one could understand how scared I was."

No one could understand because not even her closest friends knew that Keats's true name was Ellen Christian Munger, and that for 21 years, she'd been in hiding from a man who had worked with her, loved her and ultimately become bent on destroying her.

MUNGER GREW UP in Evansville, Indiana, the youngest of three and "the star" of the family. By her late teens, she was an accomplished singer and musician who had performed at the Grand Ole Opry. In 1978, at age 18, she moved to New York to pursue a career in theater and was soon called to audition for the successful off-Broadway show *Let My People Come*.

At the audition, she watched a man play the piano with impressive virtuosity. He was Ken Ford, the show's

32-year-old musical director, a compelling presence with long black hair and piercing green eyes. "I thought he was not only beautiful," Munger recalls, "but also the most mysterious and talented person I had ever met." That day, the two began a musical collaboration that would continue for years.

Munger joined the show's Philadelphia company, and soon she and Ford were living together. Raised in Philadelphia, Ford had served in Vietnam and, upon his return in the early 1970s, had immersed himself in the world of musical theater, composing and writing shows that gained little notice until a producer brought him in to direct *Let My People Come*. When Ford and Munger weren't working on the production, which played to packed houses in both New York and Philadelphia, they successfully teamed up on other musical compositions and performed at cabarets.

But in the couple's second year together, Munger noticed a troubling shift in Ford's personality. He was distracted and moody and increasingly seemed to mutter to himself. Back in their apartment one rainy night after the show, Ford hurled Munger against a wall, shouting that he didn't like the way other male cast

"You're the only one I love, the only one who can help me," he said. "This will never happen again."

members were looking at her. He then grabbed her by the shoulders and repeatedly slammed her head against the wall. Breaking free, Munger tried to calm him, but he cornered her and threw her to the floor. She felt him rip off her jeans, and the man who had been her partner, confidant and lover brutally raped her.

When it was over, Munger retreated to the bedroom, where she spent the night huddled in a corner trying to make sense of what had happened, while Ford paced in the living room. When morning finally arrived, Ford went to her and begged forgiveness. "You're the only one I love, the only one who can help me," he said. "This will never happen again."

"I was young and in love," she says, "and I believed him."

The pair continued to tour with the show and enjoyed weeks of tenderness and creativity together. But Ford eventually admitted to Munger that he was hearing voices whispering stories about her and other men, and outlining elaborate conspiracies being set to trap him. When the voices came, episodes of beatings and sexual abuse followed.



Keats, then Ellen Munger, and Ken Ford (circa 1980), before he began hearing voices.

"I didn't know anything about mental illness," says Munger. "I did know that you're supposed to take care of people you love, so when the voices came, I tried to calm Ken by taking him on long walks and talking. Sometimes it worked. We'd start working on a song. As long as we had the sanity of our work, I could stay."

Munger covered her bruises with makeup and long sleeves and told no

As Munger headed out for groceries, Ford blocked the door, saying Zen gods inside him were refusing to release her.

one about her plight. In 1981, Ford finally saw a psychiatrist, who prescribed medication for schizophrenia, and for a while, the pills seemed to work. Then Ford stopped taking them.

One day that April, Munger returned to the apartment after auditioning for a New York talent agency interested in signing her as a solo client. Oddly silent, her boyfriend grabbed her and twisted her arm; he threatened to break it in retribution for Munger's "sabotaging" his career. When she tried to flee, he held up a bottle he'd broken in the sink. He used the glass to cut himself, then spread blood on Munger's arm. "See what I can do to you?" he shouted.

That night, Munger stayed with friends. But she went back to Ford the next day—as she would, again and again. "I know how crazy it sounds," she says, "but like most victims of abuse, I thought I could be the one to save him."

In the spring of 1983, Munger and Ford left the tour and moved to Oakland, California, where Munger's sister, Ann Carlin, had settled with her family. Munger hoped that, without the pressures of the show, Ford would stabilize. Instead, his delusions wors-

ened. One day as Munger headed out for groceries, Ford blocked the door, saying Zen gods inside him were refusing to release her. Munger realized that her boyfriend had finally had a total break with reality.

For the next 54 days, Ford held her captive in their apartment. He told Munger she had the spirit of a woman from the 1800s living inside her and that he needed to exorcise her. He bound her hands and feet with leather belts, and when she struggled, beat her. Eventually Munger stopped fighting back. "I was numb," she says.

Ford, who disconnected the phone lines, allowed her to eat only tomato soup, which he would crush cigarette butts into. "He'd blindfold me and throw a glass at the side of my head to see if I trusted him," Munger recalls. "If I flinched, he would do it again." He repeatedly raped and beat her. "In my mind," says Munger today, "I was a dead person."

Finally, one afternoon in the spring of 1984, Ann Carlin, who had assumed that her sister was on an extended tour out of town, drove to Munger's apartment and rang the bell. When Ford opened the door a crack, Carlin caught a glimpse of her sister, covered

in blood. She ran to a nearby pay phone and called the police. When the officers arrived, it took five of them to haul Ford off in a straitjacket.

Munger was taken to a safe house run by the Alameda Victim/Witness Assistance program, and Ford was committed to Oakland's Highland Hospital for 72 hours. Afterward he was flown back to Philadelphia, where his parents were waiting. Soon Munger moved to her sister's home to recuperate.

But her nightmare was not over. One afternoon just two weeks after Ford flew East, the phone in Carlin's kitchen rang. It was Ford, who told Carlin that Zen gods had instructed him to return to Oakland, dismember and kill Munger, hang her entrails from a tree and then kill himself.

Munger contacted police, who took up watch outside Carlin's home. Two weeks later, the officers apprehended Ford as he approached the house; he was dressed all in white, wearing a white wig. Charged with being a danger to himself and others, Ford was found guilty and committed to Napa State Hospital for six months.

To Munger, all that meant was Ford would be free in just 180 days to make good, once again, on his promise to kill her. In desperation, she met with Alameda County Assistant District Attorney Leo Dorado, who suggested a plan. Ellen Munger, he told her, would have to disappear for her own safety. The singer who'd dreamed of seeing her name in lights would have to become someone else—someone

who didn't have a career that would put her in the public eye. Worse than giving up her name, Ellen Munger would have to abandon her music. "It meant losing the one thing on earth I had lived for," she says today. "I was devastated."

But she also realized there was no other way and that she didn't have much time. Her father moved to Oakland to be nearby and hired a bodyguard for her. With the help of the Victim/Witness Assistance program, she legally changed her name to Kathryn Keats. She started training as a paralegal, and by the time Ford was released, Ellen Munger was gone.

All that remained was the fear. As long as Ken Ford walked free, Keats believed her life was in danger.

MONTHS TURNED into years, and Kathryn Keats began to emerge from her cocoon. She spoke to no one from her past aside from family members and a few trusted childhood friends. She got a job in film financing and slowly made new friends, always keeping her background vague. In 1988, she met a man who interested her—Richard Conti, a printing executive.

"She was so dynamic and yet very stable," says Conti. But there was something unsettled about her. "She'd wake up scared to death, shaking, and couldn't tell me why," he says. "All I could do was just be there for her." After a year, Keats told him the truth about her past. She and Conti mar-



ried in 1993 and had two sons, Andrew, now 11, and Lorenzo, 9.

Early in her new life, Keats contacted Barbara Crawford, a Philadelphia psychologist who had befriended Ford years earlier. While she didn't provide her new name or location, Keats learned from Crawford that Ford was living on the streets of Philadelphia. Crawford told her she had once invited Ford into her residence and that he set fire to her piano. She also said Ford had told her that he remained obsessed with killing his former lover.

To outsiders, Keats appeared to be

Keats, husband Richard Conti and sons Lorenzo (left) and Andrew enjoy an outing with their family pooch, Scarlet.

thriving at work, raising her family and getting involved in her community. "But inside," she says, "I was still a hostage." One afternoon, she glanced out her front window and saw someone sitting in a parked car with tinted windows. Minutes turned into hours, and the driver remained, waiting and watching. "I broke out in a cold sweat," Keats says. "I thought, Why would anyone sit outside my house for so long? I was sure Ken had found us."

She frantically called police, but before they arrived, the car door opened and a woman emerged. It was a neighbor's baby-sitter, doing some homework before going to work.

"She always thought he could find her," says Conti, "yet she remained devoted to me and our children as a wife and mother. I don't know how she did it—feeling it would never end."

But end it finally did. In May 2005, after returning from a shopping trip with her sons, Keats had an overwhelming urge to reach out for news of Ford. Alone at home the following morning, she called one of the producers of *Let My People Come* and learned that Ford, who'd still been living on the streets of Philadelphia, had died more than a year earlier of lung cancer.

She sat down at her piano, put her hands on the keys and, for the first time in years, composed a song. She sang it out loud to the empty living

room, tears rolling down her cheeks. "I cried because I knew I would finally sing and write again," Keats says. "And I cried out of relief, because I was finally free. My hell was finally over."

SINCE LEARNING OF Ford's death, Keats, now 47, has written a host of songs and performed them in cabarets in Los Angeles, San Francisco and New York. She has completed a CD, *After the Silence*, which will also tour as a show with a nine-piece band.

But her favorite audience of all is her husband and two sons, who often join her at the piano. Though she hasn't shared all the details with them, her boys now know that their mother had to change her identity for her safety. And they know that, after so long, Ellen Munger and Kathryn Keats have finally become one.

rd.com To hear a clip from Kathryn's CD *After the Silence*, visit rd.com/kathryn.

I'M FEELING BETTER ... HONEST ... NO, REALLY...

To put it mildly, my five-year-old, Anmaree, wasn't happy when I took her to the doctor to get her booster shots. Things did not improve when, holding the syringe aloft, the doctor asked sympathetically, "Which arm?"

With a quiver in her voice, Anmaree responded, "Yours."

JANICE REARDON

As she watched me struggle to pop the childproof cap off a bottle of medicine, my eight-year-old daughter raised an interesting point.

"Why do they even have childproof caps?" she asked. "Kids hate medicine."

GAIL DENNIS



5 BIGGEST HOME REPAIR RIP-OFFS

BY TOM PHILBIN

WHEN Ron Harrison was buying his house outside Atlanta, the professor of entomology

at Mercer University wanted to inspect it for termites himself. With the help of two knowledgeable colleagues, he gave the home a clean bill of health.

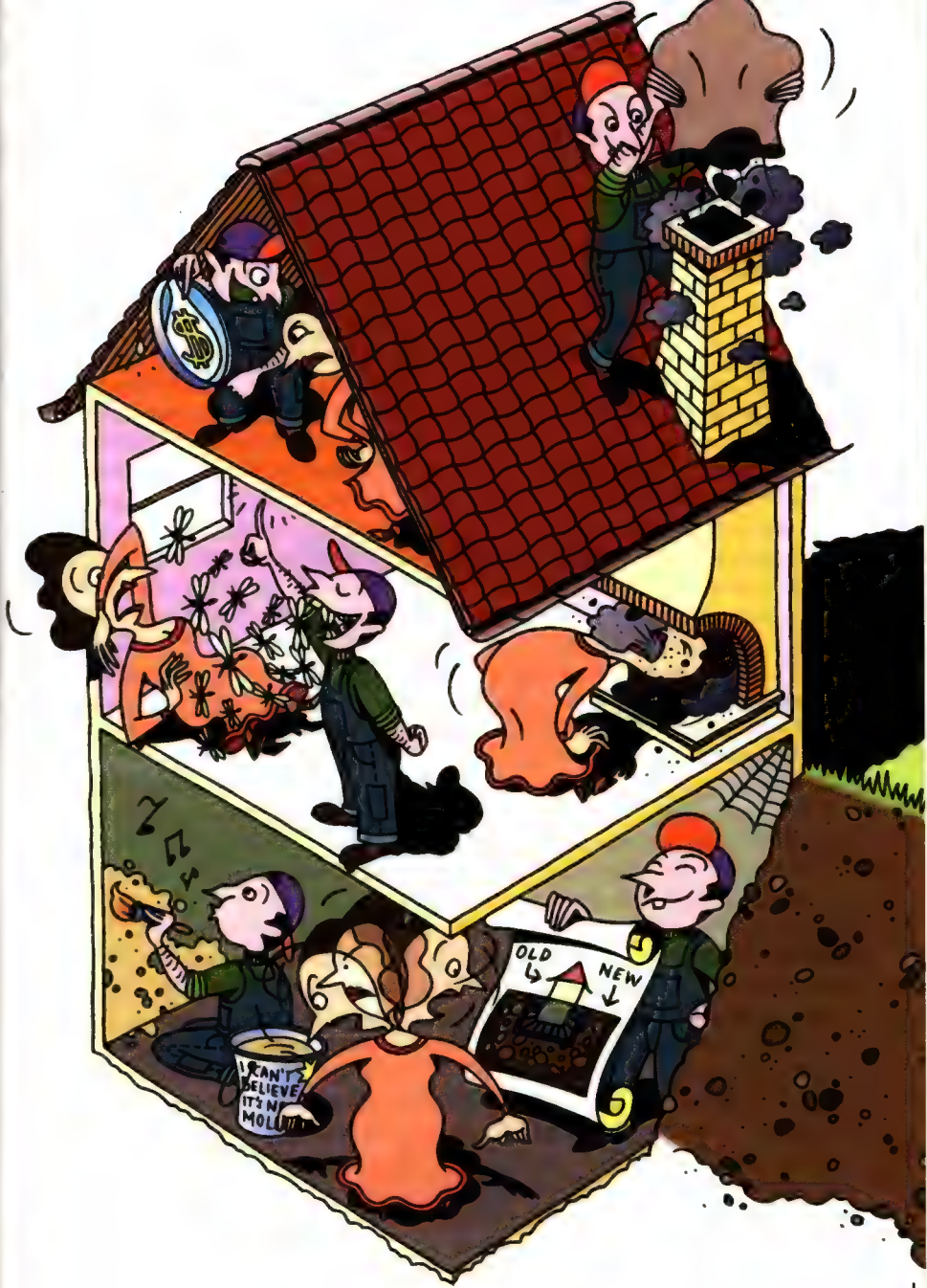
At the closing, though, Harrison got a surprise. The house had recently been treated for termites. But he could tell that it never had termites. The seller had been ripped off for more than \$1,000—by a pest control firm that had both inspected and treated the house.

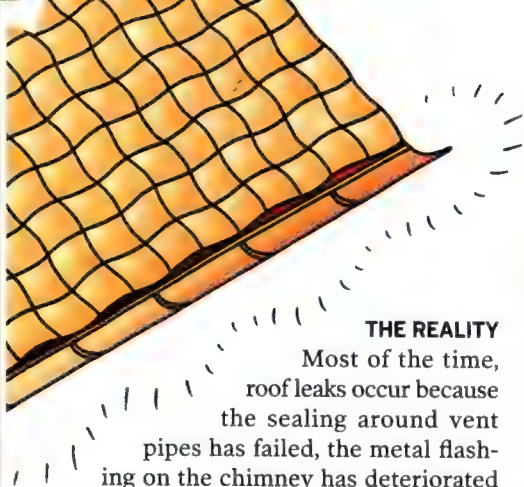
Home repair rip-offs are on the rise, up 60 percent over the past five years, according to the Council of Better Business Bureaus. And the cons could cost you hundreds, if not thousands, of dollars.

Here's how today's five biggest scams work, and what you can do to protect yourself.

LEAKY ROOF WRANGLING

THE RIP-OFF Water is coming through your roof. Or is it? A con artist will say water is seeping through the shingles and you need to tear off all the old layers and build a new roof, a job that typically costs \$5,000 or more.





THE REALITY

Most of the time, roof leaks occur because the sealing around vent pipes has failed, the metal flashing on the chimney has deteriorated or the connections between roof sections have eroded. Replacing the sealing or flashing, simply and cheaply, will often solve the problem.

Normally, an asphalt shingle roof lasts 15 to 20 years. You need to replace the roof if you see curling or missing shingles or a large amount of granular material from the shingles collecting in gutters.

Don't get talked into having the bad roof torn off, at a potential 50 percent increase in costs, unless your building code demands it. Many towns will allow a second or even third asphalt roof to be installed if the home's framing can support the extra weight.

And beware a roofer who says you need an entirely new deck, the wood base beneath the shingles. That will cost thousands of dollars more. In fact, a completely new deck is needed only one in 1,000

times. Usually only a portion of a deck needs to be replaced, but only if it's rotted.

BASEMENT BOONDOGGLE

THE RIP-OFF If your basement is chronically wet, unscrupulous contractors might tell you they need to dig out your entire foundation and waterproof it, for anywhere from \$5,000 to \$15,000. More often, though, the solution is simple and costs very little.

THE REALITY Many basement leaks are caused by overflow from clogged gutters, misrouted downspouts, unsloped land around the house or even improperly aimed lawn sprinklers.

"Think of your masonry foundation as a rigid sponge," explains waterproofing expert Richard Barako. If the water volume is above normal, water will wick through the cinder blocks.

So before calling in professional help, try to reduce the moisture along the foundation by cleaning gutters, rerouting downspouts, repositioning sprinklers, or packing fresh soil six inches high against the foundation and sloping it back to level within about three feet.

Damp walls may be caused by high humidity. To test, attach a piece of aluminum foil to the foundation wall; if moisture shows up on the patch in a day or two, it's just condensation. Start shopping for a dehumidifier.



If water is still seeping in, repair any cracks with hydraulic cement, available at home stores, and apply a quality waterproof paint such as Latex Base Drylok Masonry Waterproofer. As a last resort, consider hiring a professional engineer, whose impartial advice would be worth the expense. Home inspectors are less expensive, but be sure they're certified by the American Society of Home Inspectors.

TERMITE TRAP

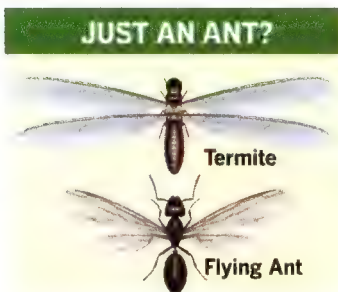
THE RIP-OFF Myths about termites abound. In a recent survey by the University of Kentucky, 60 percent of people thought termites could take a house down in six months or less. Nothing could be further from the truth, yet con artists use this fear to pressure homeowners into quickly signing on the dotted line for unnecessary or shoddy work that could cost up to \$3,000.

THE REALITY By arming yourself with a few facts, you'll be able to ask informed questions and avoid a scam.

The most common termite in the United States is the subterranean, of which there are two main kinds: workers and swarmers, or winged termites. The workers hollow out the wood, while swarmers mate and create new colonies. Termites live underground and burrow through soil until they

find wood or woodlike products, and water. To get into your house, they'll often build moist, earthen tunnels across foundations to your home's lower frames, a clear sign of infestation.

Wood that's been damaged by termites is hollowed out along the grain, with bits of dried mud or soil lining the feeding galleries. Be wary of exterminators showing you termites on wood piles or fences unconnected to your house: This may be a scam. You have a problem only if there's evidence of termites *inside* the house or close to the foundation.



Bugs flying in the home during the spring are another sign of infestation. These may be flying ants, however. Termites have a full waist, straight antennae and wings of equal length; ants have elbowed an-

tennae, pinched waists and forewings longer than hindwings (see box).

There are more than 17,000 pest control companies in the United States, but bigger doesn't always mean better. You want a firm with good recommendations, lots of experience and a fair price. Question the company carefully and ask that it send an experienced technician, says Michael Potter, a professor of entomology at the University of Kentucky. And if an exterminator claims you have termites, he should show you the evidence.

Some companies charge thousands for a typical job that could be done for less than \$1,000, so take notes on the exact kind of treatment and compare apples and apples when getting estimates. See at least two or three companies before hiring one.

And don't skip the guarantee. Pest control firms offer two types: "re-treatment," meaning the company will re-treat any area where termites show up again, and "repair," meaning it'll fix any damage caused by the pests. Such agreements tend to be complex and may be limited in coverage; read carefully before you sign. In either case, buy the guarantee that lasts at least five years. The relatively small annual fee (usually 10 percent of the original price) is well worth it. Even if the initial treatment was successful, termites could still be back within a year.

CHIMNEY SWEEP SWINDLE

THE RIP-OFF In a classic bait and switch scam, a chimney sweep calls from a "boiler room" or comes to your door telling you he's just fixed a neighbor's chimney and is offering an inspection for the low price of \$39.95. Once inside the chimney, he may



claim to find problems, saying you need a new liner, for instance.

Suddenly that \$39.95 price tag rises thousands of dollars.

THE REALITY

There's no question fireplace chimneys can be hazardous.

An oily, blackish substance called creosote accumulates inside the chimney and may catch fire if it's more than a quarter-inch thick. Occasionally, but not as often as chimney sweeps would have you believe, a blocked chimney can route carbon monoxide into your house.

Experts recommend an annual inspection to check for creosote buildup and the structural soundness of the chimney. This usually costs \$100 to \$250 (not that ridiculous \$39.95), and if cleaning is required, an additional \$100 to \$150. Hire only certified chimney sweeps who've been taught and tested by the Chimney Safety Institute of America. Also, watch the technician as he makes his inspection. Lately, sweeps are using video cameras fed down the flue, so ask to see the video and have the technician explain it as you watch. If he balks, he's scamming you.

Chimneys for oil and gas burners are far less a concern. An oil-heat system that's serviced every year before

winter hardly ever causes problems, says Kevin Rooney, CEO of the Oil Heat Institute of Long Island. But before you look for a professional chimney sweep, call your local fire department; some conduct inspections for free.

MOLD MAYHEM

THE RIP-OFF Mold is making a comeback—not in your home, necessarily, but with con artists, especially since Hurricane Katrina. Playing up fears about disease from mold, particularly over the Internet, they try to convince you to run \$300 to \$600 tests to identify your mold. Then they recommend a remediation company for removing the mold—a firm they're in cahoots with.

THE REALITY What you need to know about mold is simple: Healthy people usually have nothing to worry about. "If you're immunosuppressed or have allergies or asthma, it can be problematic," says David B. Callahan, MD, medical epidemiologist at the Centers for Disease Control and Prevention (CDC). "Other than that, mold isn't dangerous."


The CDC doesn't even recommend testing mold, because if it's a problem to the occupants, it should be removed no matter what kind it is. And you don't need a remediation company for small areas. Just clean nonporous surfaces with soap and water, followed by a solution of one cup bleach mixed with one gallon water. To control future growth, eliminate excess moisture


by keeping humidity levels between 40 and 60 percent. Promptly fix leaky roofs, windows and pipes, and ventilate shower, laundry and cooking areas.


The CDC (www.cdc.gov) and Environmental Protection Agency (www.epa.gov) have plenty of good information on their sites—for free.


HIRING A CONTRACTOR


No matter what repair you need, getting the right contractor is key.


 Talk not only to friends, neighbors and associates, but also to materials suppliers, who best know how to separate the wheat from the chaff.


 Check out contractors at the Better Business Bureau and Consumer Affairs Department or your state attorney general's office.


 Ask for proof of liability and workers' compensation insurance, and, if required, a home improvement license. Be sure to call references.

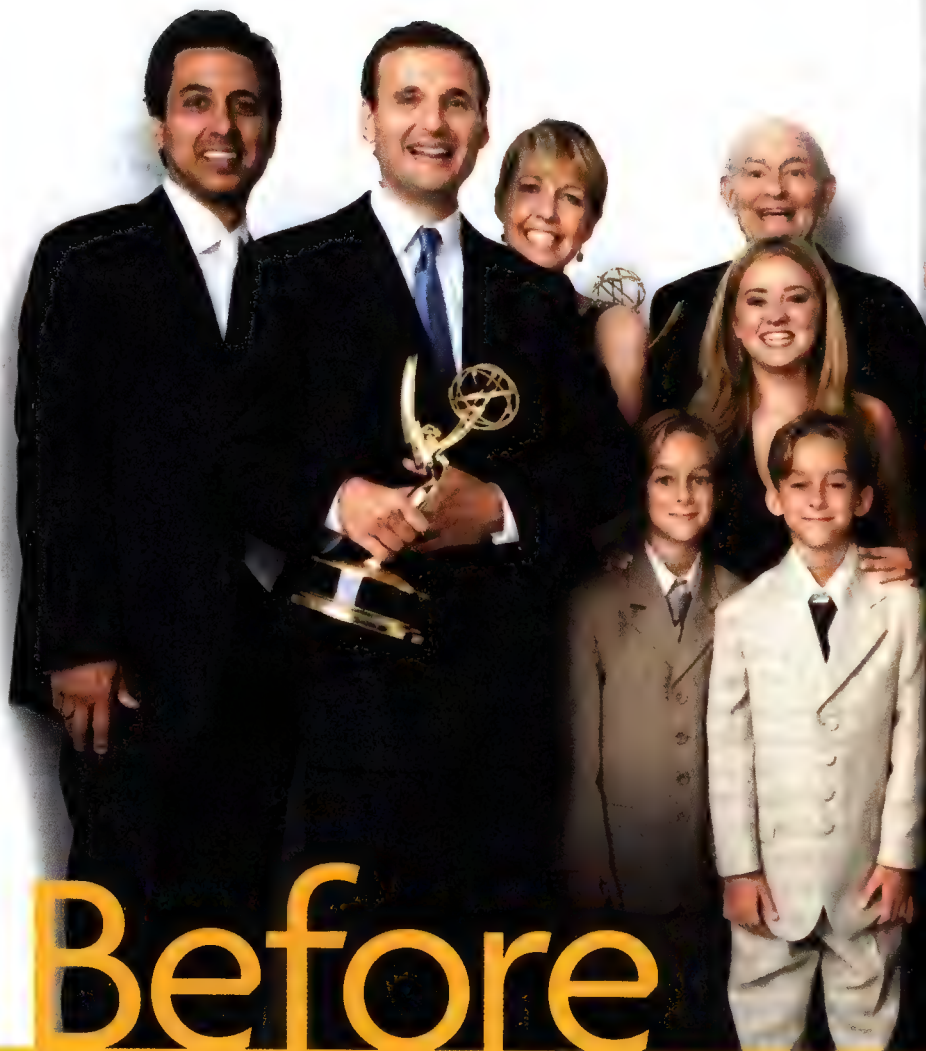
 Review the contract carefully so you know how project changes and additional costs will be handled.

 Visit one of the contractor's current projects to sample the quality of his work and cleanup.

 For a better price, hire in the off-season: deck work in January, interior remodeling in the summer.

 Most important, pay as you go, never letting the contractor get ahead on the money.

 **rd.com** Could you be a victim of home repair scams? Take our quiz at rd.com/scams.



Before Everybody Loved

BY PHIL ROSENTHAL

FROM "YOU'RE LUCKY YOU'RE FUNNY"

How a
bunch of
wacky
relatives
became
America's
funniest
family

The stars of the
Emmy-winning
show, with creator
Phil Rosenthal
(second from left).

Raymond

AMAZING AS IT SOUNDS, Ray Romano hadn't ever acted before *Everybody Loves Raymond*. He'd been a stand-up comic for years, and he's a naturally gifted actor, with the ability to project his true nature—a warm, affable, “regular” guy—with great humor. But because he cared so much about being believable, he did not want to do anything in our first year of the show, 1996, that he did not do in real life. Like drink coffee.

As the creator and executive producer of the show, I suggested to him that, this being television, we could put anything he wanted in the cup. Ray wouldn't do it. “They won't believe it,” he said. So it was a process of taking risks and pushing outside his comfort zone those first few months.

The real challenge came in an episode called “The Ball.” The climactic scene called for Ray to discover why his father forged Mickey Mantle's signature on a baseball for him when he was a kid. It turned out that his father, Frank—played by the great actor Peter Boyle—waited outside the stadium for days, and Mantle wouldn't see him.

Frank didn't want to disappoint Raymond, so he practiced Mantle's signature and gave his son the ball. When Ray finally hears his father explain it all these years later, he's so touched that the script calls for him to cross to his dad, who's sitting at the kitchen table, and kiss him on the head.

“No way would that ever happen,” said Ray, stopping rehearsal.

I didn't understand. But Ray insisted he would never, ever kiss his father.

“Okay, but could you see that a son *could* kiss his dad?” I asked.

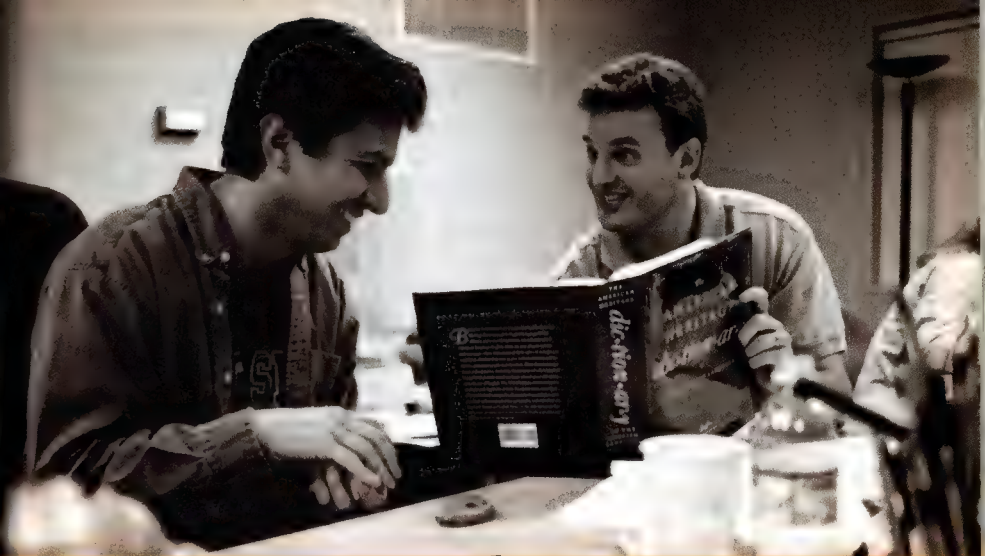
“It would never happen.” And he started getting upset in front of everyone at the rehearsal.

I took him aside and told him he certainly didn't have to do the kiss. Never mind. Forget about it. “But,” I said to Ray, “come shoot night, if you get to that moment and you *feel* it ... do it.”

So it's a few nights later, and we're shooting the show. And here comes that scene. It's going well, and we get to that moment. And Ray crosses to his father and—kisses him on the head. With feeling. What a guy.

I'm telling you, yes, it's just a television sitcom. But there was not a dry eye in the house. It was because it came from a guy you'd never expect would do something like that.

Our first season of *Everybody Loves Raymond* had lots of wonderful



The show was the brainchild of two main players, Ray Romano and Phil Rosenthal. "We spent a huge chunk of our lives together," says Rosenthal.

moments—moments of discovery for all of us and the realization that maybe we were onto something special. But first let me tell you how we got there.

Late Night Discovery

SO MY WIFE, MONICA, and I are in bed one night in May 1995, and we're watching *David Letterman*. And here comes a comedian. We always root for the comedian, because we enjoy the comedy and know the pressure the comedian must be under. To even get a shot on Letterman's show is a once-in-a-lifetime opportunity, like Johnny Carson's show before him.

It's this comedian's first time on *Letterman*. And he's funny. He's doing well. He talks about his twin baby boys and how he hasn't written any new material since they were born, except ... "Well, here's the one new joke I've written," he says. "Tell me if you like this." He pulls out a ring of keys and shakes it out in front of him. "Here you go. Look! Look!"

We crack up.

"I'm glad you liked that," he says to the audience. "Otherwise I'd have to come down and rub my nose in your bellies."

We like the guy. We go to sleep. And naturally, we forget about him.

Three months pass. I've been working on the show *Coach* as a super-

vising producer, which means writer, which means I have an increasing say in what we'll order for lunch. This alone is reason to work in television—Chinese, deli, Greek, sushi, Indian, anything you want, from anyplace in town. It's a fantastic perk. So fantastic, I gained 30 pounds in five years.

But I was 35 by then and wondering if maybe there wasn't something better for me. Monica and I had a baby boy named Ben. Sweetest boy in the world. And we played with our boy, and lived in a house in Los Feliz with a pine tree, and I kept writing for *Coach*, and I was wondering, What else is there?

Then a videotape shows up at the house. And it's this comedian's appearance on *Letterman*, the same guy we saw that night.

It turns out that he'd been a stand-up comic for 11 years before his shot on *Letterman*, and from that one six-minute appearance, Letterman said, "There should be a show for this guy." So they started sending the tape

In both Ray's family and mine,
all problems are solved with food,
and the mother never leaves you alone.

around looking for writers who might want to create a show for Ray Romano.

That's how it works sometimes. As a writer for television, you get tapes of actors and comedians, and your writing samples are sent to actors and comedians who are looking for writers. If you have a meeting, and it works out, maybe you get paid to write a pilot script. So sure, I'll take a meeting. Ray's act is reliable. He comes across as a down-to-earth guy, and he talks about his kids, like Bill Cosby did. Cosby was always one of my favorites.

Ray and I meet at Art's Deli on Ventura Boulevard, "where every sandwich is a work of Art." (I didn't write that. It's on their calendar.) And we hit it off. He was born in Queens, New York. I was born in Queens. He has a crazy Italian family. I have a crazy Jewish family—not such a big difference. In both, all problems are solved with food, and the mother never leaves you alone. For every story he had about his family, I had one too.

What I liked about Ray was that he was nervous about Hollywood and nervous about people in general. And I was pretty much the same way. I just couldn't let him know that one detail yet. (I was supposed to instill trust.)

Night after night, the urge to get up and move
kept me from falling asleep.

RESTLESS LEGS SYNDROME

Restless Legs Syndrome (RLS) is a recognized medical condition.

One that's shared by nearly 1 in 10 US adults. Most people experience its symptoms in the evening:

**Requip helped me make
peace with my legs.**

- The compelling urge to move
- Disturbing sensations in the legs
- Moving offers temporary relief
- Trouble resting or falling asleep

People who suffer from RLS often describe their leg sensations as creepy, crawly, tingling, or tightening. Getting up and moving their legs offers some relief, but the symptoms always come back. Only a doctor can determine if you have Restless Legs Syndrome.

Requip is the first FDA-approved treatment for RLS. Taken daily, non-habit-forming prescription Requip helps relieve the symptoms of **moderate-to-severe primary Restless Legs Syndrome (15 or more episodes monthly).** Ask your doctor if Requip is right for you.

Important Safety Information:

Prescription Requip is not for everyone. **Requip Tablets may cause you to fall asleep or feel very sleepy during normal activities such as driving;** or to faint or feel dizzy, nauseated, or sweaty when you stand up. Tell your doctor if you experience these problems or if you drink alcohol or are taking other medicines that make you drowsy. Also tell your doctor if you or your family notices that you develop any unusual impulses or behaviors, such as pathological gambling or hypersexuality. Side effects include nausea, drowsiness, vomiting, and dizziness. Most patients were not bothered enough to stop taking Requip. Requip should be taken once daily 1-3 hours before bedtime.

See important patient information on the next page.

visit www.requip.com or call 1-877-REQUIP4

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REQUIP® (ropinirole hydrochloride) Tablets
For Restless Legs Syndrome (RLS)
Also Known as Ekbohm Syndrome

Read this information completely before you start taking REQUIP. Read the information each time you get more medicine. There may be new information. This leaflet provides a summary about REQUIP. It does not include everything there is to know about your medicine. This information should not take the place of discussions with your doctor about your medical condition or REQUIP.

What is REQUIP?

REQUIP is a prescription medicine to treat moderate-to-severe primary Restless Legs Syndrome. It is sometimes used to treat Parkinson's disease. Having one of these conditions does not mean you have or will develop the other.

What is the most important information I should know about REQUIP?

- Patients with RLS should take REQUIP differently than patients with Parkinson's disease (see **How should I take REQUIP for RLS?** for the recommended dosing for RLS). A lower dose of REQUIP is generally needed for patients with RLS, and is taken once daily before bedtime.
- There are known side effects of REQUIP. If you fall asleep or feel very sleepy while doing normal activities such as driving, faint, feel dizzy, nauseated, or sweaty when you stand up from sitting or lying down, you should talk with your doctor (see **What are the possible side effects of REQUIP?**).
- Before starting REQUIP, be sure to tell your doctor if you are taking any medicines that make you drowsy.

Who should not take REQUIP?

You should not take REQUIP if you are allergic to the active ingredient ropinirole or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I tell my doctor?

Be sure to tell your doctor if:

- you are pregnant or plan to become pregnant.
- you are breast-feeding.
- you have daytime sleepiness from a sleep disorder other than RLS or have unexpected sleepiness or periods of sleep while taking REQUIP.
- you are taking any other prescription or over-the-counter medicines. Some of these medicines may increase your chances of getting side effects while taking REQUIP.
- you start or stop taking other medicines while you are taking REQUIP. This may increase your chances of getting side effects.
- you start or stop smoking while you are taking REQUIP. Smoking may decrease the treatment effect of REQUIP.
- you feel dizzy, nauseated, sweaty, or faint when you stand up from sitting or lying down.
- you drink alcoholic beverages. This may increase your chances of becoming drowsy or sleepy while taking REQUIP.

How should I take REQUIP for RLS?

- Be sure to take REQUIP exactly as directed by your doctor or healthcare provider.
- The usual way to take REQUIP is once in the evening, 1 to 3 hours before bedtime.
- Your doctor will start you on a low dose of REQUIP. Your doctor may change the dose until you are taking the amount of medicine that is right for you to control your symptoms.
- You may receive a starting kit with doses marked by day. The pills in this kit slowly increase your daily dose over time so that you and your doctor may determine what the best dose is for you. Different people respond differently to this medicine. You may not need the highest dose pill in this kit or you may need an even higher dose to relieve your symptoms. You should carefully follow your doctor's advice on the use of this kit.
- **If you miss your dose, do not double your next dose.** Take only your usual dose 1 to 3 hours before your next bedtime.
- Contact your doctor, if you stop taking REQUIP for any reason. Do not restart without consulting your doctor.
- You can take REQUIP with or without food. Taking REQUIP with food may decrease the chances of feeling nauseated.

What are the possible side effects of REQUIP?

- Most people who take REQUIP tolerate it well. The most commonly reported side effects in people taking REQUIP for RLS are nausea, vomiting, dizziness, and drowsiness or sleepiness. You should be careful until you know if REQUIP affects your ability to remain alert while doing normal daily activities, and you should watch for the development of significant daytime sleepiness or episodes of falling asleep. It is possible that you could fall asleep while doing normal activities such as driving a car, doing physical tasks, or using hazardous machinery while taking REQUIP. Your chances of falling asleep while doing normal activities while taking REQUIP are greater if you are taking other medicines that cause drowsiness.
- When you start taking REQUIP or when you increase your dose, you may feel dizzy, nauseated, sweaty or faint, when first standing up from sitting or lying down. Therefore, do not stand up quickly after sitting or lying down, particularly if you have been sitting or lying down for a long period of time. Take a minute sitting on the edge of the bed or chair before you get up.
- Some patients taking ropinirole have shown urges to behave in a way unusual for them. Examples of this are an unusual urge to gamble or increased sexual urges and/or behaviors. If you or your family notices that you are developing any unusual behaviors, talk to your doctor.
- Hallucinations (unreal sounds, visions, or sensations) have been reported in patients taking REQUIP. These were uncommon in patients taking REQUIP for RLS. The risk is greater in patients with Parkinson's disease who are elderly, taking REQUIP with L-dopa, or taking higher doses of REQUIP than recommended for RLS.

This is not a complete list of side effects and should not take the place of discussions with your healthcare providers. Your doctor or pharmacist can give you a more complete list of possible side effects. Talk to your doctor about any side effects or problems you may have.

Other Information about REQUIP

- Studies of people with Parkinson's disease show that they may be at an increased risk of developing melanoma, a form of skin cancer, when compared to people without Parkinson's disease. It is not known if this problem is associated with Parkinson's disease or the medicines used to treat Parkinson's disease. REQUIP is one of the medicines used to treat Parkinson's disease, therefore, patients being treated with REQUIP should have periodic skin examinations.
- Take REQUIP exactly as your doctor prescribes it.
- Do not share REQUIP with other people, even if they have the same symptoms you have.
- Keep REQUIP out of the reach of children.
- Store REQUIP at room temperature out of direct sunlight.
- Keep REQUIP in a tightly closed container.

This leaflet summarizes important information about REQUIP. Medicines are sometimes prescribed for purposes other than those listed in this leaflet. Do not take REQUIP for a condition for which it was not prescribed. For more information, talk with your doctor or pharmacist. They can give you information about REQUIP that is written for healthcare professionals.



GlaxoSmithKline

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I think Ray met with a dozen other guys, and I was not his first choice, but I got lucky. The other guy was from a hot new show called *Friends*, but he was busy. So I got the call. And they wanted to know if I could go to New York and meet with David Letterman.

So I go to New York, to the Ed Sullivan Theater, and go upstairs. Mr. Letterman was done taping for the evening, and they sent me to his office. At the doorway, there's Letterman, post-show—in sweat clothes, sneakers, baseball hat, cigar. Hello, very nice. Oh, by the way, heavy-metal music is playing loudly on his stereo. And they don't shut it off for the meeting.

Mr. Letterman says, "Have a seat."

And he gestures for me to sit behind his desk.

I say, "Not behind the desk."

He says, "Absolutely, behind the desk." So I sit there, and he and two of his producers sit across from me in chairs. Like it's my office and my meeting. So the first thing I do is tell them to get out of my office.

Really, what was nice was that they treated me as if I had the job already. They were very cordial. They asked if I'd thought about what the premise of the show would be. I really hadn't yet, but I imagined that at the center would be Ray's persona. "He seems to be the show," I said.

Pretty lame, no? But I guess that wasn't such a terrible answer.

The one piece of advice that Letterman gave me—I'll never forget it—was, "Don't embarrass us." That was the job interview. I guess it went well enough. I couldn't hear half of it because of the heavy-metal music.

The show, if we could sell it, would be a co-production of Letterman's company (Worldwide Pants, Inc.) and HBO Independent Productions, two very small production companies joining forces. The next step was for me to pitch an idea for this thing at CBS. So now is the time when I have to really figure out what this show with Ray Romano is going to be.

Living the Dream

I TALK TO RAY. I'm going to make sure that he's on board with whatever we're going to do. Then I'll pitch it to CBS with him next to me. (If you can go in with a star, you do.) And if they buy it, I'll write the pilot script.

We met at my house and we were talking, just socially, as you would when you're going to work with someone. We didn't sing "Getting to Know You." We had lunch, and talked more about his life and where he's from.

Ray said, "Well, I live in Queens and I've got this family—twin boys and an older daughter, and my parents live close by. They live with my older brother who's a police sergeant who eats his food like this: He touches it to his chin before he eats it. And he's kind of jealous of me even though he's older and he's a cop. One day he saw my Cable Ace award for stand-up, and he goes, 'It never ends for Raymond. Ehhhhhverybody loves Raymond.'"

And I said, "Well ... it doesn't seem like there's anything there we can use."

No, I knew that was the show. What else should it be?

Since Ray hadn't acted before, I wasn't going to make him a gay astronaut from Cleveland. He had to be comfortable. So I'd surround him with his own life. Plus, if this was going to be the first show I ever created, I would write about what I was comfortable with, the kind of show I knew best and loved, in the style of classics like *The Honeymooners*, *All in the Family*, *The*

I realized what I had: my own experience.

I had my wife. I had my parents. I had the Fruit of the Month Club story.

Mary Tyler Moore Show, *The Odd Couple*. Shows that didn't focus on topical jokes, or the social rituals and foibles of the day. Shows where the humor and story came from character, with a beginning, middle and end.

I wanted this show with Raymond to be about something of lasting value. Why build something temporary? I looked at my TV and saw its content cluttered with the illusion of entertainment: sets and costumes, hairstyles, actors, shoes, boobs, all flashing so fast in front of you that at the end of the half-hour, you thought you were entertained. I thought our show would stand out if we went the other way. And so, armed with this idea and Ray Romano, I went to see Les Moonves, president of CBS Entertainment.

Now, CBS is in the business of doing big things to get people to watch. So they certainly weren't jumping up and down for our show. They were not saying, "We have to do this. It sounds so exciting. A guy who lives across the street from his parents."

I couldn't blame them. Who was I? Nobody. And the star I walked in with was sitting there, shlumped on the couch, looking as if he'd be happier if no-

body noticed him and he could pocket some of the hard candy from Mr. Moonves's coffee table. But they did like Ray's stand-up, and I told them that his actual life was even better. And what I didn't know about his life, or the personalities of his family, I'd fill in with the details of my own life.

It also didn't hurt that we came from David Letterman, whom CBS had a development deal with and always liked to keep happy.

Still, it was a miracle that a big corporation would say yes to this idea and would let me write the script. And that the casting worked out, and then we got on the air. And then survived a few episodes. And then a whole season. And another. And then to have success beyond all that—being nominated for 70 Emmys and winning 15 over the course of nine years. All the planets have to line up, and God has to say, "Okay, you people with the TV show on Channel 2 with the arguing, you get to live your dream."

And that December afternoon in 1995, we sold the show.

I had a wonderful moment of happiness, followed immediately by an oy. My mind flooded with the million things that could go wrong—starting with the script I now had to write.

"There's Still Time to Run"

I'VE LEARNED THAT IF good fortune smiles on you, you should take a moment to acknowledge it and recognize that you're entitled to some happiness in life. But most importantly, you shouldn't celebrate prematurely.

When the network makes the commitment to go forward with the writing of your pilot script, you should know that the network commissions more than 50 pilot scripts a year and shoots maybe a dozen. So be encouraged, but don't throw a dinner party just yet.

The first thing the person assigned to cover our show for the network wanted to know was what the pilot episode was going to be. So right away, annoyingly, work is involved. I have an idea. Ray's wife tells him that he's on the road too much and she's stuck all the time, not just with the kids but with his family across the street. Ray says that as a sportswriter he has to travel; she knows this. And I won't go on, because the network hated it.

So I pocketed this idea (eventually using it in season two) and came up with another one. And, as required, I had to run it by the studio people and then the network people. I had two studios on this show; everyone had to agree. It's too boring to tell you the next idea, because the studios changed



A multitude of creative ideas came from writers, producers (Phil Rosenthal's at right) and actors in rehearsal. Ray Romano and Patty Heaton are at left.

it, and it became terrible. The network guy rejected that one too and then another one that had been picked over by the studio people. Finally, the network guy said to me, "I'm beginning to think that maybe you can't do this."

Maybe I couldn't. Maybe this was going to be like waiting two hours on line for Space Mountain only to have your seven-year-old son say as they're strapping you both in, "I'm not doing this." And the ride is over.

No. I decided to quickly let this guy know he could trust me. I thought of a very simple story and called him back. "It's Debra's birthday and she would rather celebrate it with just Ray and the kids this year, without his family coming over."

"That's it," said the network guy. "Go write it."

Here was my biggest worry: What did I have that other sitcom writers did not have? I had the very funny Ray and his family, but I didn't really know them. And then I realized what I had: my own experience. I had my wife. I had my parents. I had the Fruit of the Month Club story.

It was a story that I'd told at my brother Richard's wedding when I was making the toast as best man. And if it hadn't gotten laughs from the guests at the wedding, I might not have had the confidence to put it into the script.

I had suppressed this anecdote for several years. It drove me nuts then,



The much-debated “son kisses father” scene. Peter Boyle, who played his role with great heart and feeling, passed away in December 2006 at age 71.

and thinking about it again rekindled the nuts, and that illustrated the insanity in my family and would serve as a warning to Richard’s bride, Karen, as to why she should perhaps reconsider marrying into this psycho ward.

The fact that the toast would come at the wedding reception and that my brother and his wife would already be married didn’t change the urgency of my writing. “Karen,” I started. “There is still time to run.”

I explained: When I first started to make a little money in Hollywood, I bought my mom a gift of the Fruit of the Month Club.

And then came the phone call from Rockland County, New York: “Philip, we got the pears,” my mother said.

“Oh, that’s good, Ma. You like them?”

“Yes, they’re very nice, but please ... it’s an entire box of pears. There must be 12 or 14 pears here. There are so many pears. Please, Philip, don’t ever send us any more food again, okay?”

I said, “Well, Ma, another box is coming next month.”

She said, “What, more pears?”

I said, “No, Ma, a different fruit every month.”

“Every month? My God, Max, he got us in some kind of cult! What am I supposed to do with all this fruit?”

"You can eat it. You share it with your friends."

"Which friends?"

"I don't know. Lee and Stan."

"Lee and Stan buy their own fruit. Why did you do this to me?"

"Ma, what's happening?"

"I can't talk anymore, there's too much fruit in the house!"

I went on to describe my father's misery as well as this misfortune that had befallen them. ("You think we're invalids? We can't get our own fruit?") The wedding guests laughed, including my parents. Richard and Karen remain married to this day and even have two children.

The key was the specificity. If I had tried a vague example, I would've missed everybody. Each of our lives deals in specifics, and we relate to that specificity in other people's lives. To this day, people tell me that they can't give a gift to their parents without it blowing up in their faces. And some say they've even had that exact experience with their parents and the Fruit of the Month Club. So I'm very happy that so many people are out of their minds and we can all laugh, or cry, together.

A Real Cast of Characters

THAT STORY SERVED AS the second act's focus in the script, where Ray comes over to lie to his parents about why they won't all be celebrating Debra's birthday together this year. He says he's taking Debra and the kids to Bear Mountain, but before he can get to that lie, the fruit tragedy lets us know that this isn't going to be easy for Raymond. Ever.

In January 1996, when I was about to hand in the pilot script, I thought it might be funny. But first I sent the draft to Jeremy Stevens, a pal of mine who has a great eye and ear. He was one of the creators of *The Electric Company* and worked on *Saturday Night Live* and other shows. He was also the sweetest guy I knew. Whatever he had to say, he'd at least say it nicely.

Jeremy didn't disappoint. The first words I heard from him when I picked up the phone were, "We'll be on for ten years!"

It turns out he was wrong. We were only on for nine.

The network liked the script enough to call the pilot a go. But it really was not a go unless we could find a cast the network would approve. So I was assigned a casting director, Lisa Miller. She started bringing me people to see.

The Brother. Ray's real brother, Richard the police sergeant, is shorter

than Ray, so naturally we started looking for a shorter fellow to play Robert, the older brother who would literally have to look up to Raymond. And then into the casting office came this talking tree. His name was Brad Garrett, and I thought, Well, here's another way to go. When he opened his mouth, and those basso profundo notes came out with brilliant timing, matchless facial expression and expert delivery, I fell over laughing.

This was nothing like Ray's life or mine. It was better. That was easy. We found the brother.

The Father. We started hearing about how we shouldn't get too ethnic with the cast. For this show to play in Middle America, we couldn't have too many overtly swarthy Italian or Jewish types populating this family. Ray and Brad are both, and respectively, swarthy, Italian and Jewish.

I asked, "It's an Italian family. What are we supposed to cast?"

The network guy says, "Nonethnic ethnic."

Then Les Moonves provided the perfect example when he suggested Peter Boyle for the role of Frank Barone. Peter Boyle says New York ethnic without saying Italian or Jewish. Peter Boyle is decidedly Irish, which I've come to understand means nonethnic ethnic. We've come a long way.

Peter showed up for our meeting an hour late. He'd gotten bad directions and was sent on a wild goose chase on a very hot day trying to find us. When he finally did, he was ticked off. Now, I only know this man from seeing him in *Young Frankenstein* and, worse, *Joe*, in which he played an angry, bigoted factory worker. Joe shot punks like me for fun, and here he comes into the room, angry at me. At that moment, he wasn't a movie star to me, he was a big, angry movie star. I gave him the part. I was afraid of him.

He happened to be funny, too, when he calmed down. But we also saw we could use a little of that anger. The truth is, Peter was a sweetheart and led one of the more interesting lives on the planet. Here are two things I was stunned to learn: He had been a monk, and John Lennon was the best man at his wedding. Lucky for us, he was also hilarious rifling off one-liners at his wife, sons and anyone else in his range. We had our father.

The Mother. I saw more than 100 women for this role in New York and Los Angeles. It was very tough for me to cast because I had someone very specific in mind for this mother. My mother. And she was too ethnic.

Then into the room came Doris Roberts, a 45-year veteran of stage and screen. She read the Fruit of the Month scene and was perfect. Though she

doesn't look anything like my mother, she totally got what was in my head and in my life. She also has perfect timing, delivery and facial expression. It seemed as if Doris was born to do this role. I was starting to feel lucky.

The Wife. This is the hardest person to cast in a sitcom. The wife can't just be the straight man or the nice lady who says, "Here's your lunch, honey." She has to be all things to all people: funny, tough, sexy, sweet, vulnerable, confident, charming. I'm lucky because I found her in real life.

I didn't marry that girl ... but I know where she is. Wife joke. Half the jokes on *Everybody Loves Raymond* were wife jokes. The other half were husband jokes.

It was a long and involved process trying to cast Raymond's wife. We saw over 200 women for the role. Finally, Patty Heaton walked in, was perfect and was cast. When it's right, it's right. Now we could go on to film a show.

Most of the audience had never
seen Ray Romano before, and
they loved him immediately.

Still not time to celebrate yet. If the network shoots about 12 comedy pilots a year, only about four make it onto television. Sometimes two.

The production week of the pilot shoot went pretty smoothly. The cast gathered at my house the day before production started for a get-acquainted brunch and read-through of the script. They were hilarious together. The next day we had the official table reading. And then I went into a room to get notes from the studio and the network.

Here's my favorite: "I noticed that at the end of this episode, Ray tells his parents that maybe they shouldn't come over so much anymore."

"Yes?" I said.

"Well, my question is, if Ray says that to his parents, what happens in next week's episode if he's told them not to come over anymore?"

I paused. "Well, just off the top of my head, they don't listen to him."

At the end of that week, we filmed the pilot. The cast was sharp, the scenes seemed to work, the audience laughed. Most had never seen Raymond before that night, and they liked him, if not loved him, immediately.

A few Sundays later, I was out at a restaurant with my friends. The owner came over and said, "There's a call for you by the register. It's Les Moonves."

"Whooah," said my friends as I got up to get the phone.

And Les said, "Order an ice cream sundae."

What a nice way to hear good news.

I went back to my friends and said, "I guess I'm buying lunch."

It's a Wrap

WE LIKED THE SHOW, the critics liked the show, and the audience liked the show. People were watching. People were talking.

We filmed 22 episodes that first season. *Variety* reported, "It looks like *Raymond* has found a permanent spot on Monday nights." I clipped that little mention and kept it in my wallet. I stopped being nervous.

We had a great, festive wrap party. David Letterman filmed a special "Top Ten" list for us, we showed our first gag reel, and really laughed together. We were all proud of what we'd done and happy that we were some of the lucky few who got to keep doing it.

During all the dancing and eating and drinking, Ray came over and handed me a note. I later found a quiet corner of the room to read it.

The note said, "I never thought I'd thank anyone for making me kiss Peter Boyle."

rd.com

To buy a copy of *You're Lucky You're Funny*, go to rd.com/rosenthal.



PRESENT TENSE

Halfway through his sermon, our minister grew quite serious. Profundity, we knew, was nigh.

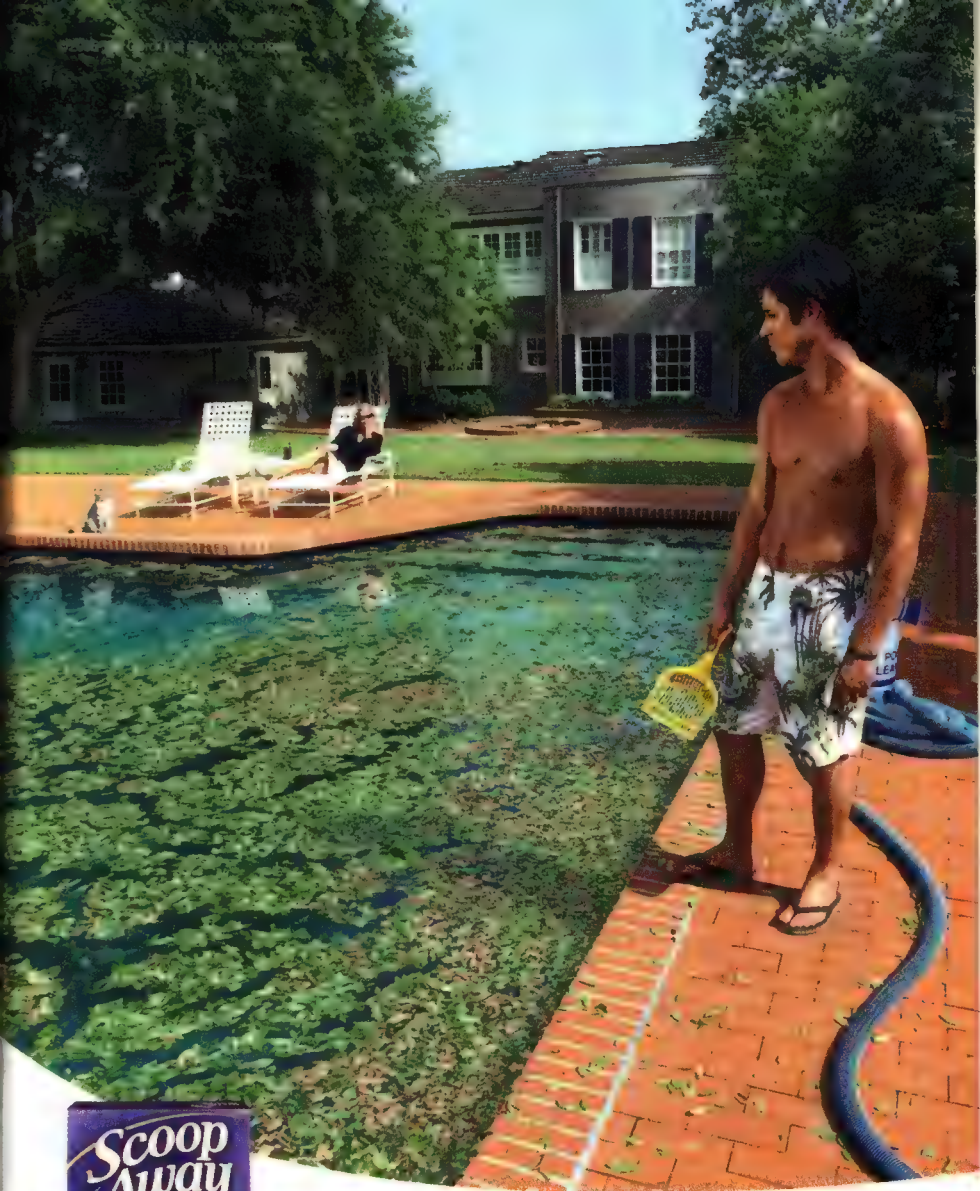
"Do you know what the three most discouraging words in the English language are?" he asked.

A congregant did. He yelled out, "Some assembly required."

WILLIAM F. CHRISTIANSEN

Whether it was a typo or an overt plea, no one knows. But when my friend Jennifer received an invitation, it clearly read "The honor of your presents is requested."

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Look-Your-Best Breakthroughs

WITH ALL the shampoos, soaps, moisturizers and razors clamoring for space on the shelves, you may wonder what could possibly be new. We did, too, so we were pleasantly surprised with these cool “why didn’t they think of that sooner” remedies.



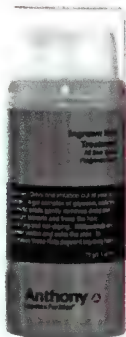
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1. Anti-Ager You've never seen a skin fix like this! Super-lightweight Olay Definity Deep Penetrating Foaming Moisturizer comes out like hair mousse. It goes on smooth and works overtime to reduce dullness and age spots (\$28 at drugstores).



2

2. Self-Tan Saver When sunless tanning leaves you streaky, rub out the evidence with the ingenious L'Oréal Sublime Bronze Self-Tanning Perfector & Corrector. Excess color disappears in minutes (\$10 at drugstores).



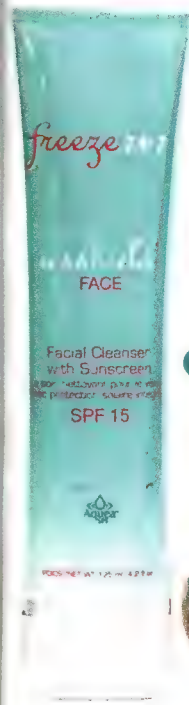
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3. Razor Bump Eraser Anthony Logistics for Men Ingrown Hair Treatment exfoliates, keeps pores open, kills bacteria and dissolves dead skin cells to get rid of unsightly bumps, irritation and trapped hairs (\$25; sephora.com).



4

4. No-Fuss Nails Peel-off Water-Colors Nail Enamel from Honeybee Gardens is everything you want in a fingernail polish. It's nontoxic and odor-free, plus you can peel it right off in one sheet—no remover needed (\$6; honeybee-gardens.com).



5. Super Soap
Freeze 24-7 Ice Shield is the world's first facial cleanser with UVA and UVB protection. Sunscreen binds to skin, while cleansers wash away dirt. Rub it in, rinse off and you're protected on the go all day (\$48; freeze247.com).



6

6. Smile Saver
Crest Pro-Health toothpaste has a unique formula that's safe for sensitive teeth and protects against gingivitis, plaque, cavities, tartar and stains—all while freshening breath. In mint and cinnamon (\$3 at drugstores).



7



7. Hair Helpers
Pantene Pro-V Ice Shine Hairspray, John Frieda Crystal Clear Shape & Shimmer Hairspray, and Herbal Essences Shimmery Nights Flyaway Smoother use polymer technology for serious shine (\$4 to \$6.29 at drugstores).



8

8. The Right Razor
The Venus Breeze has shaving gel built into the blade cartridge. The gel lasts about ten shaves. Battery-operated Gillette Fusion Power has five blades and a nifty precision trimmer (\$10 to \$12 at drugstores).

PATRICIA CURTIS



March: The Unhealthiest Month?

STAYING INDOORS during the cold winter months usually causes cabin fever. But it can also lead to diabetes, according to a recent six-year study by the University of Szeged in Hungary. The researchers looked at 26,600 people with type 2 diabetes and found that new cases were almost 50% more likely to occur in March than in August.

Lower levels of physical activity, higher amounts of food and possibly even a lack of vitamin D during the winter likely play a role in developing the disease, says lead author Péter Doró. An earlier U.S. study involving diabetic veterans had similar results.

Take steps, literally, during the spring thaw to improve your health: A daily 30-minute walk can help lower your risk of developing type 2 diabetes. An added benefit: You'll lose some of those extra wintertime pounds, another risk factor.

NEENA SAMUEL

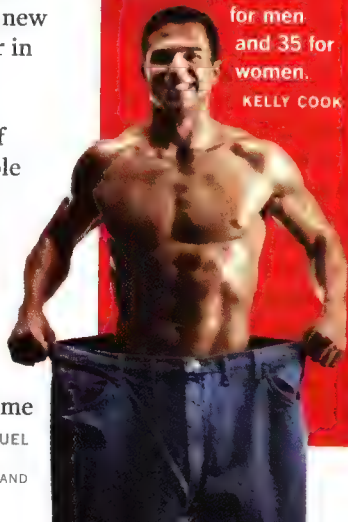
YOUR JEANS, YOUR HEART

You know that being chubby, especially around the waist, is unhealthy. Here's a new way to measure the danger: Check your jeans. Men with pant sizes 38 inches and over and women size 16 and up are at higher risk of heart disease and diabetes, say British researchers.

Why? The bigger your trousers, the more dangerous belly fat you have—and the shorter you are, the greater your risk. The American Heart Association says aim for a waist circumference less than 40 inches

for men
and 35 for
women.

KELLY COOK



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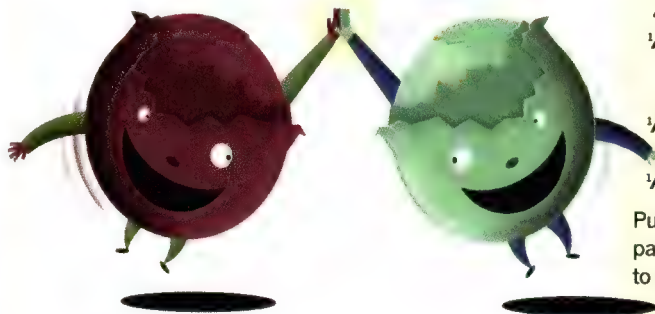
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LET'S EAT!

WITH MOLLY O'NEILL



High-Five for Cabbage!

Q I'm trying to eat locally, but winter vegetables are starting to put me to sleep. Any wake-up advice?

A Take heart. Take cabbage. And take a lesson from the Irish in this month of the green. Many cold-weather vegetables are, in fact, cancer-fighting cabbages (broccoli, cauliflower, Brussels sprouts, kohlrabi and flowering kale). But only the grande dame of the family can, with enough cooking, lose its sulfurous aroma and become sweet. Traditional heads of green or red cabbage are the most intensely flavored choices and require the longest cooking times. The barrel-shaped napa is the mildest variety, and the crinkly green heads of savoy lie in between.

Any cabbage is strong enough to stand up to big flavors. Colcannon, a classic Irish dish, uses bacon for a taste that's tough to beat. Rather than boil or steam cabbage, cook it in bacon fat or olive or nut oil. The cabbage caramelizes, and thoughts of summer vegetables recede. Savor the flavor with this dish from allrecipes.com.

MOLLY O'NEILL

Colcannon

- 2½ pounds potatoes, peeled and cubed
- 4 slices bacon
- ½ small head cabbage, chopped
- 1 onion, chopped
- ½ cup milk
- Salt and pepper
- ¼ cup butter, melted

Put potatoes in saucepan with enough water to cover. Bring to a boil.

Cook until tender, 15 to 20 minutes.

Cook bacon in skillet over medium-high heat. Drain, reserve drippings, crumble and set aside. In drippings, sauté cabbage and onion until soft and translucent, about 10 minutes. Drain potatoes; mash with milk. Add salt, pepper, bacon, cabbage and onions. Transfer to serving bowl. Make a well in center and pour in butter. Serves 8.



When ranch
tastes the way it's
supposed to,
vegetables
taste better than they're
supposed to.



A European TV star tells how she accidentally discovered an amazing new and easy way to lose up to 95 pounds without dieting...

... and why she decided to share this 100% natural weight-loss secret that finally helped her to lose 66 pounds for good. Discover now how more than 759,600* people from all over Europe have already tried - with success - the revolutionary weight-loss plan revealed below and have lost 20, 40 and even more than 60 pounds in record time thanks to this unexpected discovery from a Swiss Nutritionist.

ALL THE EUROPEAN television viewers can attest that Maggie Drozd lost 66 pounds in a few weeks. When she appears in the European newspapers with the largest circulations, it isn't just because she's a star of many television series, but also because of her extraordinary weight loss. Certain journalists do not hesitate to write "Maggie Drozd looks younger by ... 66 pounds!!" (This is not a misprint.)

We wanted to know Maggie Drozd's secret, and we took advantage of her tour through England to make an appointment to interview her in a famous London restaurant. The revelations below are going to surprise you, but also permit you to finally lose those extra pounds that you haven't successfully lost to this day.

Exclusive interview with Elisabeth Palmer:

Question: My dear Maggie, when I see you looking so slim, young and ravishing, I have trouble believing that you ever looked as you did in the photos before your weight loss. Not only have you lost so much weight, but you also look 20 years younger.

Answer: Elisabeth, thank you for the compliment, but everything is true and all the world could see that in my films and TV shows I weighed an extra 66 pounds. I cannot tell you where and when, but you will soon see me on television again just as you see me today, 66 pounds lighter. Now I'm going to tell you the full story, which began about 2 years ago.

In those days, I weighed 192 pounds and, as you can see in the photos, I was really obese and unrecognizable, so greatly were my figure and face distorted by the weight. On a professional level, this began to cause problems for me. I was getting fewer and



BEFORE: At 192 pounds, I had become obese, and unrecognizable because I was deformed by my excess weight.

fewer interesting roles. And one day, I was surprised to find myself called "the huge one." I was terribly upset.

That same night, I was crying so much that I decided to talk to my husband about what happened. His response helped reinforce my decision I had to lose weight quickly, once and for all.

Question: Had you tried to lose weight before?

Answer: You know, I didn't wait until I reached 192 pounds (I'm 5'6" tall) before trying to lose weight. I tried everything. I saw doctors. I followed diets. I tried crash treatments. I probably tried every miracle method that appeared since the early 90s. I spent a lot of money for nothing. When I lost 5 pounds, and felt like I was starving, I regained 10 pounds in a few days. With a very well-known treatment, that was the worst; I lost 22 pounds in 2 months and then I regained exactly 37 in one month. Result: 15 more pounds!

Question: We read in all the newspapers with the largest circulations - Polish, Russian, Italian, German, British, Swiss, and I forget how many

other countries - that you lost 66 pounds while eating what you wanted and as much as you were used to eating. I must admit that I have trouble believing this. Can you tell me if this is really what you did?

Answer: Yes, it's all true. I discovered my secret a little over two years ago, when I was flirting with the 200-pound mark. I was skiing in Switzerland. With my weight, I was having trouble skiing and I was terribly bored and frustrated.

One day when I was reading on a sunny terrace at the hotel, someone approached me and asked if I was Polish (I was reading a Polish magazine). Though a Swiss citizen, she was Polish herself and she was happy to speak Polish. She worked as a nutritionist in a well-known health spa. We quickly became friends, and I naturally started to tell her about my weight problems.

After a few questions, she reassured me and told me that, in the spa where she was working, they helped the most famous celebrities lose weight with a revolutionary new weight-loss plan. She had even par-

ticipated in its development. Each day she described, little by little, the main principles of this new weight-loss plan that didn't resemble anything that I had tried before.

Question: What can you tell us about this secret?

Answer: You know, despite everything, I was skeptical. When you've tried so many weight-loss plans, you start believing that nothing works. But I was quickly forced to admit

IMPORTANT NOTICE

Looking at these before/after photos of Maggie Drozd, many people have difficulty believing that it is really the same person in each photo, so great is the change after having lost her excess weight.

"I, Francois Frank, Notary, certify that the photographs are original prints which have been entrusted to me and which remain on deposit in my office, this permits me to conclude that the photographs are of the same person, and have not been falsified. Signed in the Year 2001, on the 8th day of October, at 2:00 PM."

that this weight-loss plan worked.

I rapidly lost 35 pounds in only 5 weeks. During the following 2 months, I lost another 31 pounds, for a total of 66 pounds.

Question: But you had lost some weight with the other weight-loss plans...

Answer: That's true, but there are 2 new and different aspects to this weight-loss plan:

1. It's been almost 2 years since I've lost the weight, and I have not regained a single ounce.

2. During the time when I was losing my extra weight, I continued to eat in restaurants like today. I ate pasta, cakes and even chocolate (things

AFTER: At 126 pounds, I was called the Sexiest Woman of the Evening at a fashion show put on by France's top fashion designer.

Maggie Drozd has played in 2 award-winning films at the Cannes film festival. More than 8 million viewers can watch her each day on television. Already, more than 759,600 people have tried, with success, the secret for losing weight without dieting that is revealed to you here.



that normally make me gain weight).

Question: How can we learn more about this secret?

Answer: With the agreement of my nutritionist friend, who told me all about it, I've explained the method in a special report that comes with my complete weight-loss plan, about which I can be a bit more precise:

1. This has nothing to do with a diet or exercise (I'm not very athletic). You can do it on your own, at home. You can even do it at restaurants or while on vacation.

2. Because I'm fond of good food, the most important thing is that I'm able to eat what I want and not deprive myself. With this complete weight-loss plan, you can eat everything, and as much as you want.

3. This weight-loss plan is

Katarzyna G., Gostynin

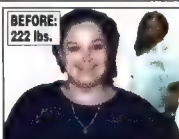
"I've waited 6 months before writing to you, just to be sure that I didn't gain back the 95 pounds I lost..."

In the month of March, 2000, I received the Maggie Drozd weight-loss plan. I then weighed 222 pounds (I'm 5'5" tall). For as long as I can remember, I've always been big. From the age of 12, I started gaining from year to year. I had followed several diets, but each time that I lost between 20 to 30 pounds, I gained them back quickly. It was horrible: I was always hungry, I felt faint, I was always counting calories. I was very self-conscious and I suffered a lot, psychologically.

Then, I discovered the Maggie Drozd weight-loss plan one day while reading a newspaper. I was skeptical, but I decided to try it anyway...

I lost a total of 95 pounds and now I weigh 127 pounds. I've waited 6 months before writing to you, because I wanted to be sure that there was no 'yo-yo' effect. Today, I know that there is no such effect, because my weight has remained steady...

I want to thank Maggie Drozd because my life has changed thanks to her. Her weight-loss plan is really not difficult to follow and it's because of her that I am now so happy."



BEFORE:
222 lbs.



AFTER: 127 lbs.



"I lost 66 pounds while continuing to eat all that I wanted, and everything that I liked."



BEFORE
Ildiko Igaz, Hungary: "I lost 44 pounds to become a stewardess."



AFTER
"I am sending you these pictures because now I can dare to show myself to the world with pride. You can see the difference—I've lost 44 pounds. Since I've lost my excess weight, I am working as a stewardess, I am very happy, and I feel very pretty."



BEFORE: 185 lbs.
Lilla Porebska, Poland: "I lost 59 pounds and people ask me how I did it."

AFTER: 126 lbs.
"Just like you, I had tried different diets and products, without results. When I read your article in the Polish press, I was skeptical. Before starting, I weighed 185 pounds. Now, I've already lost 59 pounds... I was so glad to be able to lose weight without being hungry. I thank you, because I am very happy."



BEFORE: 211 lbs.
Lidia Pioreska, Poland: "I still can't believe it... I went from 211 to 153 pounds very quickly."

AFTER: 153 lbs.
"I am writing to inform you of the results that I obtained very quickly. I decided to lose weight the day when my weight reached 211 pounds. Thanks to your weight-loss plan, today I weigh 153 pounds and I can prove it. When I compare an older photo with the most recent pictures of me, I have the impression that they're of two different people. I can't believe it myself..."

AFTER: 153 lbs.

capsules with your main meals.

Question: You say that you can eat anything and not deprive yourself. But isn't it impossible to lose weight while eating whatever you want?

Answer: No, it's not impossible anymore. My nutritionist friend explained to me why we cannot efficiently lose weight by depriving ourselves (the yo-yo effect). She told me this: "Nine people out of ten who follow a diet based on food-deprivation actually lose weight. But once they start eating normally again, they regain the weight. This is because the human metabolism is made a certain way. When you are deprived of your habitual foods, it compensates automatically." She then explained that the main reason why I lost 66 pounds and why I've never regained them is because I continued to eat what I wanted, and as much as I wanted.

Question: How many pounds can we lose in a week?

Answer: The weight-loss rate varies from person to person. With the weight-loss plan associated with the capsules, you can lose up to 12 pounds in the first week. Myself, I lost 11 pounds in the first week, and 6 pounds each week for the next four weeks. After, I continued to regularly lose 4 pounds a week.

Question: Can you tell me how it feels to regain your slim figure?

Answer: Believe me, this surpasses everything that I could imagine. With my new figure, I relaunched my career and you will see me in quite a few new shows a little bit everywhere, on television, and in movie theaters. Numerous producers have called me. My husband looks at me as if I were a new woman. A few months ago, at

a fashion show put on by France's top fashion designer, I was voted the Sexiest Woman of the Evening. Even if this causes a few jealousies, I have to admit that it's very pleasant.

Question: What would you say to our readers who have weight problems, and who have trouble getting rid of their extra weight?

Answer: I'd simply say this: You may have tried everything—diets, medications, maybe even weight-loss plans that were risky for your health, or exercises that exhausted you. I've tried everything as well. Truly everything. And it's all come to nothing. The only thing that worked for me is the secret that my Swiss nutritionist friend shared with me. This weight-loss plan, which is used in a renowned health spa, was revealed to only a few people, of whom I am lucky to be one.

In only one year, my complete weight-loss plan has helped hundreds of thousands of people in Europe. It is widely distributed in at least twelve countries in Europe, such as Poland, Russia, Hungary, Germany, Italy, Switzerland, England, etc., and will soon be available in other countries as well.

I have received, and continue to receive, testimonials from people who have lost 20, 40, 60 pounds and even more, thanks to my weight-loss plan.

Look at what men and women from around Europe have written to me:

"...Your weight-loss plan is incredibly effective. I lost 10 pounds in the first week, all while continuing to eat as much as I wanted..."

G.D. Luxembourg
"...To lose weight without counting calories, without a strict diet and without hungering foods, I thought

that this was impossible. I nevertheless lost 35 pounds in this manner, only by following your weight-loss plan. I believe that every woman who has a difficult weight problem should try this..."

L.A. Italy
"When I saw your photos in my favorite magazine, it was a shock. I was a little bit skeptical, but I had more than 40 pounds to lose. So, I ordered your weight-loss plan. Today, I've already lost 37 pounds and each week, I continue to lose weight without effort. Even my husband can't believe it. I've rediscovered the pleasures of being attractive and elegant..."

C.B. Belgium
"...I lost so much weight (68 pounds in 3 months) that my doctor told me to stop. I regained the figure I had before my marriage. I really wanted to look like you in your photo because I was in the same shape as you before..."

J.F.R. Germany
"...My weight was 183 pounds on my 5'6" frame. This created within me an obstacle to my happiness. Thanks to your weight-loss plan, and while continuing to eat as before after two months, I now weigh no more than 145 pounds..."

B.S. England
"...When I explained to my brother how I lost 26 pounds in 3 weeks thanks to your weight-loss plan, he laughed. As he also had 20 pounds to lose, he also wanted to try. Today, he's no longer laughing and thanks me every day. In only one month, he lost 24 pounds and I can assure you that he doesn't pay any attention to what he eats..."

I.C. Switzerland
"...I have seen specialists. I have swallowed medicines and followed diets that made me sick. A close friend told me about your weight-loss plan and I tried it because I had

©2000 P & B, "TOTAL LOSS OF WEIGHT" INFORMATION NOTICE: THE TEXT OF THIS ADVERTISING IS AN EXTRACT FROM THE MAGAZINE "TOTAL LOSS OF WEIGHT" WHICH IS A PUBLICATION OF MEDICAL CONSULTING. CONSULTING A PERSONAL BEFORE STARTING THE USE OF ANY WEIGHT-LOSS PLAN, ESPECIALLY IF YOU PRESENT A SERIOUS "TOTAL LOSS OF WEIGHT" PROBLEM. THIS WEIGHT-LOSS PLAN SHOULD NOT BE USED BY ELDERLY OR OVERSEAS PEOPLE TREATED FOR HIGH-BLOOD PRESSURE OR DEPRESSION, OR WHO HAVE A HEART CONDITION, DIABETES, OR HYPERTENSION. THIS WEIGHT-LOSS PLAN IS NOT INTENDED TO TREAT DANGEROUS, CARE OR PREVENT ANY DISEASE. TESTIMONIALS PUBLISHED ARE AMONG THE BEST RECEIVED. INDIVIDUAL RESULTS MAY VARY FROM ONE INDIVIDUAL TO ANOTHER AND CAN BE MORE OR LESS THAN RESULTS MENTIONED IF TAKEN BY CHECK YOU. AGREE THAT YOUR CHECK WILL BE CONVERTED TO OTHER AN ELECTRONIC TRANSACTION ON A DRAFT IN THE EVENT YOUR CHECK IS RETURNED. IF YOU WANT TO BE RE-SUBMITTED ELECTRONICALLY, MAIL A SERVICE FEE AS ALLOWED BY STATE. ANY MAIL WILL BE CHARGED.

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nothing to lose. In two months, I lost 42 pounds and since then I haven't regained anything..." M.D. Germany
 "...I lost 29 pounds in 5 weeks and I don't gain back my extra weight anymore. A new life is beginning for me..." M.A. Switzerland

You can also see the photos sent to me by four women, from Hungary and from Poland. You have to admit that they're impressive (one lost 44 pounds, the others 58 and 59 pounds, and the fourth 95 pounds), and I've got more to show you.

Question: Yes, dear Maggie, that's very impressive, but how much does this weight-loss plan cost?

Answer: I know that those people who, like me, have tried everything would spend up to \$1000, and even more, to be absolutely certain that they'd lose the weight they want.

Question: This weight-loss plan is very expensive, then.

Answer: Absolutely not. If you do not lose all your excess weight while continuing to eat as much as you want whenever you want, this weight-loss plan will not have cost you a single cent. And if you lose all your excess weight at a rate of 6 to 10 pounds in the first four weeks, and 4 to 6 pounds a week for the following weeks, the complete weight-loss plan that comes with 2 different kinds of

natural capsules will only have cost you less than \$1 per day!

It's important for me that anybody can try this new weight-loss plan. That's why, in cooperation with my American distributor, *Hollywood Health & Beauty*, my complete weight-loss plan is offered at such a low price for a limited time.

Thank you, Maggie Drozd, for this interview. I'll let my readers know that, during this meal, you drank wine, and ate everything: an appetizer, an entree and a dessert.

London, the 17th of October, 2001.

Only read this if you are skeptical and no longer believe in anything:

If you've already tried many diets and many weight-loss plans, you may be reluctant.

How can you be sure that you'll finally lose the weight you want... for good?

The answer is obvious: Maggie Drozd would not risk her reputation as an international star by guaranteeing her weight-loss plan if she was not absolutely certain that you would lose your extra weight. If she guarantees that you'll lose 6 to 10 pounds a week for the first 4 weeks, and 4 to 6 pounds a week for the remaining weeks until you reach your ideal weight and obtain long-lasting results, it's because such a thing is now possible.

Maggie Drozd has requested that everyone who asks to try her weight-loss plan and who does not lose their excess weight to be fully reimbursed. That's why, if you do not lose your extra pounds, you have 12 months to return your weight-loss plan and you will be immediately and completely refunded upon receipt—without any discussion—even if the bottles are empty!

This is a formal agreement between the North American distributor of this new amazing weight-loss plan and Maggie Drozd.

The Maggie Drozd weight-loss plan is not sold in any stores yet. You can only obtain it by returning the coupon below. So, don't hesitate and act today. This might be your last chance to lose all your excess weight and to rediscover the figure that you've been dreaming about, without risking a single cent.

CAUTION

Don't take more capsules per day than what is indicated on the labels. If, by following the Maggie Drozd weight-loss plan, you find that you are losing more than 10 pounds a week for the first 4 weeks, and more than 6 pounds per week during the following weeks, stop taking the capsules for at least 3 days—then take only the capsules as indicated every other day.

Coupon to lose excess weight thanks to the Maggie Drozd complete weight-loss plan

This coupon has to be cut out and returned as soon as possible to:

Hollywood Health & Beauty
 9903 Santa Monica Blvd., #4444
 Beverly Hills, CA 90212

Web orders, visit our web site:
www.maggiedrozd.com

Your offer to try the complete Maggie Drozd weight-loss plan without risking a single cent interests me.

Send me the Maggie Drozd complete weight-loss plan. It is well under-

stood that:

1. I must lose 6 to 10 pounds per week for the first 4 weeks.
2. I must lose 4 to 6 pounds per week for the following weeks until I have lost all my excess weight.
3. I must lose the weight while continuing to eat everything I like and as much as I want.
4. I will receive 2 different kinds of natural capsules of these amazing and new combinations of ingredients that will help accelerate my weight loss.

5. The Maggie Drozd weight-loss plan is not a strict diet. It does not require me to perform exhausting exercises or to take medications.

6. I have 12 months to see for myself, in my mirror and on my scale, that I've lost the extra pounds, and that they are not coming back.

7. If I am not 100% satisfied, I will return my weight-loss plan (even if the bottles are empty) and you promise to refund me the full amount paid immediately and without discussion.

☐ I WANT TO LOSE UP TO 35 LBS: send me the 30-DAY STANDARD WEIGHT-LOSS PLAN (including a total of 180 capsules) for only \$29.95 + \$5.05 for special handling and first-class shipping, TOTAL \$35.

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MGZ050





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REMEMBER the Segway Personal Transporter? The battery-powered scooter was supposed to change our lives but never really took off. Now the gizmo is back in a whole new way: You can take it on a guided tour of many parks and cities. Hop on a Segway at Disney's Epcot or rent one in downtown Washington, D.C., Chicago, Austin, Las Vegas and elsewhere.

The scooter lets you get wherever you'd otherwise walk, only faster (at speeds up to 12 mph), so you can see more. The Segway also has

room to stow a purse, souvenirs or a water bottle.

Of course, walking is better exercise and may give you more freedom (no worrying about popping into a shop or restaurant). But at \$50 to \$80 for a two- to four-hour guided tour, motorized sightseeing can be a fun splurge.

Want to try one? Leave the kids at home (riders have to weigh at least 100 pounds) and stay away from crowds—you don't want to mow down Mickey! Check it out at segwayguidedtours.com. **KELLY COOK**



Fly the Musical Skies

So the airplane's "light favorites" station doesn't do it for you? Airlines have noticed that the 70 million iPod listeners worldwide want to hear their own music. Apple recently announced a partnership with Continental, Delta, KLM and United Airlines to offer free connections to power your iPod by summer. You'll be able to watch your own movies on seat-back displays, listen to music and charge your little green nano en route. It's a plan that's music to our ears!

LINDSAY MILLER

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"How can I make such an unprecedented guarantee? Because I personally lived in constant, agonizing foot pain for years before



my exciting discovery. What started out as simple aching from corns and calluses grew into full-blown, incapacitating misery only a few other foot pain sufferers could understand."

"Believe me, I tried all the so-called remedies I could get my hands on (and feet into), but none of them really worked. It wasn't until my wife and I took a trip to Europe that I discovered a remarkable invention called Flexible Featherspring® Foot Supports. Invented in Germany, these custom-formed foot supports absorb shock as they cradle your feet as if on a cushion of air."



Harvey Rothschild
Founder of Featherspring Int'l.

"Imagine my complete surprise as I slipped a pair of custom-formed Feathersprings into my shoes for the first time and began the road to no more pain. The tremendous pain and pressure I used to feel every time I took a step was gone! I could scarcely believe how great a relief I felt even after walking several hours. And after just a few days of use, my pain disappeared totally - **and has never returned.**"

"Whatever your problem - pain in the balls of your feet, toe cramps, fallen arches, burning nerve endings, painful ankles, back aches, or just generally sore, aching feet and legs - **my Feathersprings are guaranteed to end your foot pain or you don't pay a penny.**"

"But don't just take my word for it: Experience for yourself the immediate relief and renewed energy that Feathersprings provide. Send for your FREE kit today on our no risk, 60-day trial offer!"

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Organics "R" Us

ABOUT 75% of consumers now buy at least some organic foods regularly, prompting big grocery chains to introduce their own product lines. Safeway, for instance, offers 200 choices from O Organics, such as frozen lasagna, peanut butter and ice cream. Giant Food and Stop & Shop sell thousands of Nature's Promise products, from vitamins to dog food. And Price Chopper plans to offer Wild Oats foods in its 115 locations.

These items cost more than standard varieties, but with the new competition, you can shop around. More markets will be launching and



expanding their own organic lines, according to Barbara Haumann of the Organic Trade Association, so look for them soon at a store near you.

WORDS OF THE YEAR

Carbon neutral,
reducing fuel emissions
and purchasing carbon
offsets.

RUNNERS-UP:

Elbow bump,
a germ-free alternative
to shaking hands.

Fishapod, a pre-
historic fish with legs.

2005 WINNER:

Podcast

SOURCE: New Oxford
American Dictionary

Don't Be Duped Terms like *natural* and *eco-friendly* are on everything from napkins to laundry soap. "But that means absolutely nothing," says Diane MacEachern of theworldwomenwant.com. These terms haven't been defined by

the government, yet manufacturers routinely use them without backing them up. Only a certified third-party endorsement on the label guarantees green. For instance,

Green Seal verifies many household products. And those three arrows in a circle? They mean only that an item can be recycled, not that it's made from reused materials.



rd CONNECTION

Your Guide to What's Happening Now

New Quaker® Instant Oatmeal Crunch



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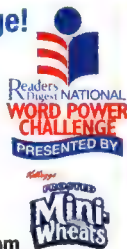
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Excitement is building! Students will compete at the state level March 19 & 26, with these winners vying for \$50,000 in scholarship prizes at the National Championship in May. For program details go to www.wordpowerchallenge.com.



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Cancun...Mexico's most popular destination! Cancun is renowned for its 16-mile stretch of white sandy beaches, exceptionally clear blue waters, world-class hotels, proximity to historic Mayan archeological sites, and the Mesoamerican Reef, the second largest coral reef in the world. Visitors can enjoy Xcaret, one of the world's leading archaeological parks, where nature and recreation blend seamlessly. For more information, visit www.cancun.info



The Salvation Army

"A Legacy of Love" estate planning guide provides estate planning procedures while helping TSA make a positive difference in the world.



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With the most 24-hour stores in the country, we're there *whenever* and wherever you need us. For the nearest location, call 1-800-WALGREENS.



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Log on to rd.com/rdconnection for more!

Pampered Puppies

DOES YOUR best friend need a little TLC? Doggy spas promise to soothe Spot's stress. At Soapy Puppy Dog Spa in Alpharetta, Georgia, canines get pulsating hydromassage baths (\$18 to \$45), hot-oil treatments (\$10) and lavender aromatherapy (free with bath).

Dogs roll over for acupressure (\$25) and sparkly pedicures (\$10) at Truckee-Tahoe Kennels in Truckee,



California. The tony Ritz-Carlton in Sarasota, Florida, even offers an in-room

massage, at \$130 for an hour. Some centers also provide boarding services.

But these treatments aren't necessary to keep Fido's tail wagging, says Ron Faoro, DVM, head of the California Veterinary Medical Association. "Animals handle stress much better than humans."

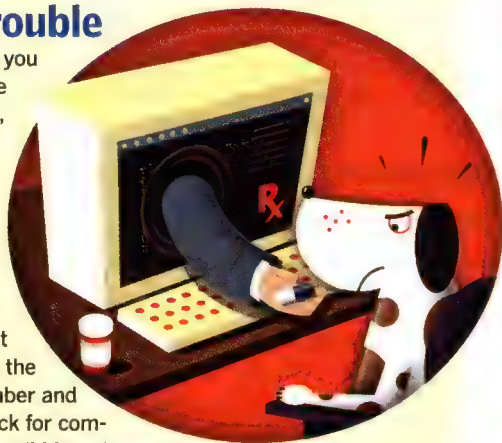
If your dog is older or sick, see the vet before heading to a spa, Dr. Faoro adds. "It's important that people don't just think, Oh, my dog's limping—I'll take him to the doggy spa."

LAURA MCCLURE

Prescription for Trouble

Buying pet meds online might save you cash, but you could end up with one sick puppy, says Douglas G. Aspros, DVM, of the American Veterinary Medical Association. Some online pharmacies sell meds without prescriptions or dole out counterfeit drugs. And some are outside the country, so they're not regulated.

If you decide to order online anyway, be cautious. See your vet about your pet's ailments, then make sure the site lists an address and phone number and has a state-licensed pharmacy. Check for complaints at the Better Business Bureau (bbb.org). L.M.



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If You Made or Are Obligated to Make a Percentage Co-Payment or Full Payment for the GSK Drugs:

Kytril Injectable (Granisetron HCL) Zofran Injectable (Ondansetron HCL) or

Alkeran (Melphalan)

Kytril Tablets (Granisetron HCL)

Myleran (Busulfan)

Retrovir (Zidovudine)

Zofran Orals (Ondansetron HCL)

Imitrex (Sumatriptan)

Lanoxin (Digoxin)

Navelbine (Vinorelbine Tartrate)

Ventolin (Albuterol) or

Zovirax (Acyclovir)

A Proposed Class Action Settlement May Affect Your Rights. Medicare Part B Beneficiaries (or their Heirs) are Included

There is a Proposed Settlement with GlaxoSmithKline ("GSK"), one of the Defendants in a class action lawsuit pending in the U.S. District Court for the District of Massachusetts. The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.

What Is the Class Action Lawsuit About?

The lawsuit claims that certain drug companies reported false and inflated average wholesale prices ("AWP") for certain types of outpatient drugs. The reported AWP's are often used to set prescription drug prices that are paid by Medicare, consumers and insurers. The lawsuit asks the Court to award money damages to some people who paid or made co-payments for the drug.

What Individuals Are Class Members?

There are two sub-Classes for individual consumers who paid for the GSK Covered Drugs listed above.

- You are a member of the **Medicare Co-Payment Class** if:
 - You made or are currently obligated to make a percentage co-payment under Medicare Part B for any of the GSK Covered Drugs listed above (or are an heir to someone who made such a co-payment) from January 1, 1991 to January 1, 2005. You are excluded from this Class if you made flat co-payments, or you were reimbursed or have the right to be reimbursed in full for your co-payments.
- You are a member of the **Private Payor Class** if:
 - You paid (or are currently obligated to pay) for any of the GSK Covered Drugs listed above outside of Medicare Part B, from January 1, 1991 to August 10, 2006 and
 - Your payment was (a) for the full amount out-of-pocket, or (b) your payment was a percentage co-payment. You're **not** included in the Class if you paid a fixed or flat co-payment.

What Are the Terms of the Settlement?

GSK has agreed to pay \$70 million to settle these and other related claims. A \$4.5 million payment to certain State Attorneys General, as well as attorneys' fees and the costs of administering the Proposed Settlement, will be deducted from the Settlement Fund before distributions to Class Members.

Thirty percent (30%) of the remaining fund will be distributed in cash to consumers who make valid claims. Seventy percent (70%) of the remaining fund will be set aside to pay the claims of insurer Class Members who submit a valid claim and other insurers who are members of a separate

and independent group of Third-Party Payors (referred to as the "Independent Settling Health Plans" or "ISHPs") who have agreed to settle their claims against GSK for a portion of the Settlement funds.

Who Represents Me?

The Court has appointed attorneys to represent the Classes. Class Counsel will request that the Court award attorneys' fees not to exceed thirty-three and a third percent (33.33%) of the Proposed Settlement Fund, plus reimbursement of expenses. You may hire your own attorney, if you wish. However, you will be responsible for that attorney's fees and expenses.

What Are My Legal Rights?

- **If you wish to remain a member of both Settlement Classes**, you do not have to do anything. But, to share in the Settlement Fund you must file a claim as discussed below. If the Court approves the Proposed Settlement, you will receive the benefits of the Proposed Settlement. You will also be bound by all the Court's orders. This means you will drop any claims you may have against GSK that are covered by the Settlement.
- **If you wish to file a claim**, you must complete a Claim Form. You can get a Claim Form by contacting the Claims Administrator in writing, at the address given below, or by calling the toll-free number. It is also available on the GSK Settlement Web site. Claim Forms must be signed and postmarked no later than **May 28, 2007**.
- **If you do not wish to be a member of either or both of the Settlement Classes**, you must sign a Request For Exclusion form as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be postmarked no later than **May 27, 2007**.
- **You can tell the Court if you do not like this Proposed Settlement** or some part of it if you do not exclude yourself. To object or comment, you must send a letter that is mailed and postmarked no later than **June 22, 2007**, as outlined in the *Notice of Proposed Class Action Settlement*.

Will the Court Approve the Proposed Settlement?

The Court will hold a Final Approval Hearing on **July 19, 2007** at 2:00 p.m. to consider whether the Proposed Settlement is fair, reasonable, and adequate and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at that time.

For a Notice of Proposed Class Action Settlement and a Claim Form

Call toll-free: 1 888-568-7645 (Se Habla Español) or Visit: www.GSKSettlement.com

Or Write: GSK AWP Litigation Administrator, c/o Complete Claim Solutions,
P.O. Box 24743, West Palm Beach, FL 33416

NOTHING RATTLES my father-in-law, especially when the St. Louis Cardinals are on TV. One day we were watching a game, when my mother-in-law shrieked from the kitchen, "Jim, there's a horsefly in here!" Not taking his eyes off the screen, he barked back, "Give it some cough syrup."

JEFF STEWART, Houston, Texas

A SIGN in a small Virginia town has to be admired for its cynical honesty: "Antique Tables Made Daily."

JASON BLEVINS,
Round Hill, Virginia

MY FRIEND was flabbergasted. She'd read that in a recent survey, our home state of California was ranked 47 in a list of the nation's smartest states.

"Can you believe that?" she fumed. "We're 47 out of 52!"

JUAN GONZALES, Chula Vista, California

The minute I walked into the post office, the postmaster noticed the beautiful diamond earrings my husband had just given me.

"Those must be real diamonds," she said.

"Yes, they are." I was thrilled she'd noticed. "How could you tell?"

"Because," she said, "no one buys fake diamonds that small."

DEBORAH CAUDELL, Keller, Washington



DINOSAURS are fascinating. My three-year-old is obsessed with them. Recently we were riding on a bus, and he asked another passenger for her name.

"My name is Deena," she said. "Can you say Deena?"

"Deena," said my son. "Can you say pachycephalosaur?"

ROB SANCHEZ,
Broomfield, Colorado

Because he's a chemist and I'm a personal trainer, my fiancé and I don't always agree about what eating healthy means. I prefer foods with less fat and fewer calories. He watches out for chemicals and additives. We were grocery shopping, and I asked him to go get some butter.

"Which kind," he asked, "cancer or heart attack?"

KAREN JENSEN,
Branford, Connecticut

In a Manhattan subway station, I heard a man playing Vivaldi on his violin. A group of young people were gathered around, quietly listening to the lilting sounds.

When the piece was finished, one man admiringly said, "Yo, you play that violin like **Tupac raps.**"

DALE MCNEILL,
in The New York Times

JUST AHEAD was one of those hybrid cars struggling up the steep hill.

As I pulled out to pass it, I noticed a sign in the window: "I know, I know, but I'm getting 60 mpg."

DENNIS MUNDHENK, Granbury, Texas

TOO MANY bounced checks meant no more Mr. Nice Guy for the manager of a local convenience store. A sign in his window announced "We will gladly cash your personal check up to \$20 when you provide six forms of identification and a \$50 deposit, refundable when your check clears the bank."

KRISTI HANSON,
Bemidji, Minnesota

ONE NIGHT, I told my four-year-old son the story of Noah and the ark. I gave him the full treatment, complete with animal sounds and detailed descriptions of the beasts arriving two by two. At the end, I asked him if he had any questions. He had just one: "Where were you hiding?"

BOBBIE WILLIAMS,
Rialto, California

ACHART in my biology text rated different methods of contraception according to how effective studies showed they were. Everything made sense except for one entry: "Abstinence—32% failure."

JAREN HOBBS, Providence, Utah

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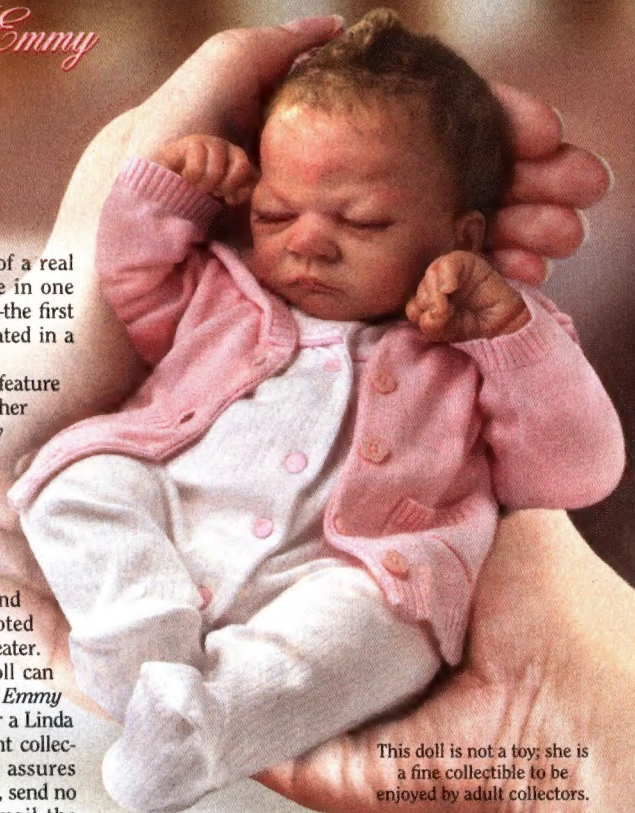
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Heart transplants are the cure for this puzzle. Each pair of clues leads to two five-letter answers. Change the middle letter—or “heart”—of the first answer to an R to get the second. Example: Home/Equine = House/Horse. Okay, scrub up and start your surgery!



1. Part of a kangaroo / Veranda
2. Breakfast meat / Nobleman
3. Fruit / Parrot's seat
4. Sheriff's wear / Slow boat
5. Heavy and strong / Proud walk
6. Hole cover / Dry out
7. West Pointer / Proofreader's mark
8. Clear / Gruesome
9. Abut / Light in a cave
10. Looped rope / Like the Vikings
11. Falling sound / Jack of rhyme
12. Give birth, on a farm / Cut

_____	_____
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Answers: 1. Pouch, porch 2. Bacon, baron 3. Peach, perch 4. Badge, barge 5. Stout, strut 6. Patch, patch 7. Cadey, caret 8. Lucid, lurid 9. Touch, torch 10. Noose, Norse 11. Splat, Sprat 12. Calve, carve

This body can take off

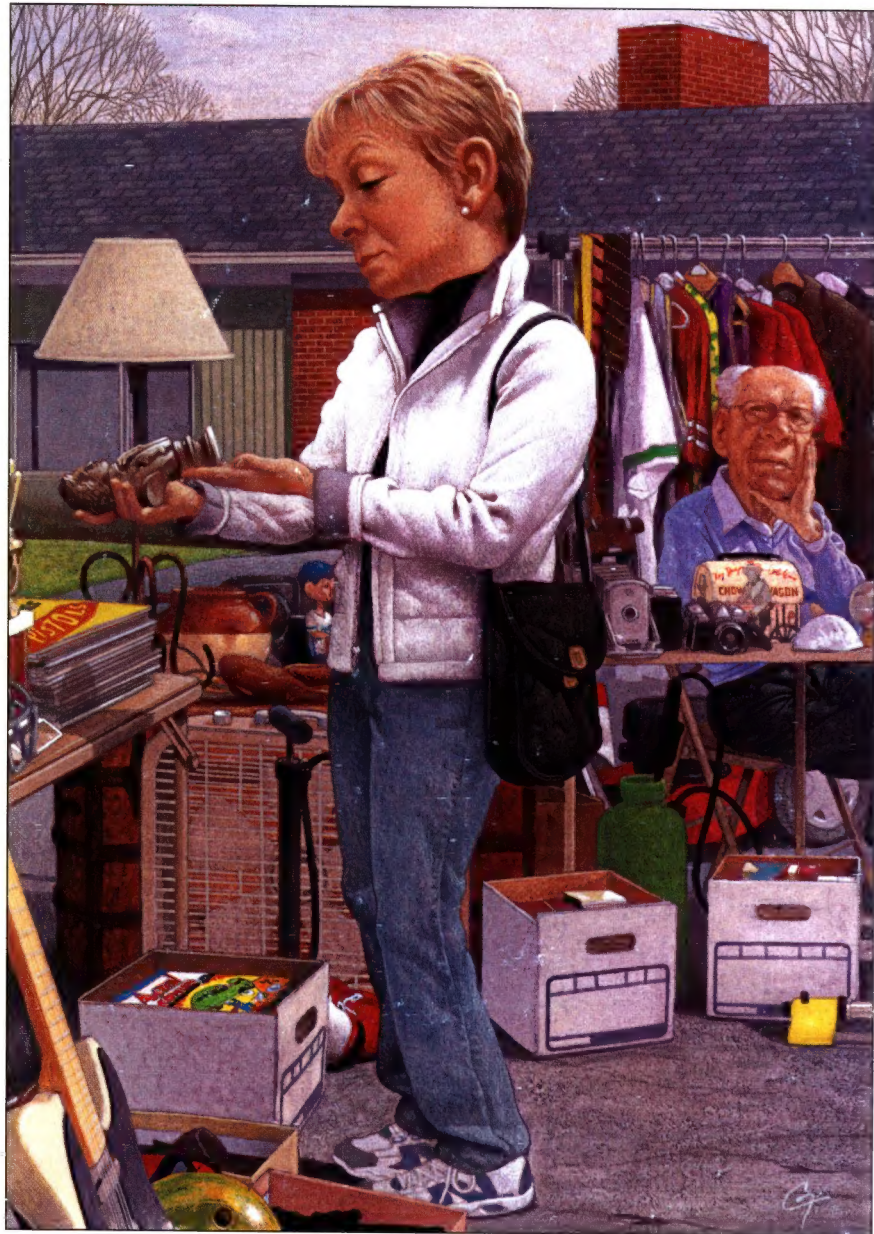
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